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# **SOCIAL HYGIENE**

## **VOLUME V**

**1919**

**PUBLISHED BY  
THE AMERICAN SOCIAL HYGIENE ASSOCIATION  
105 WEST FORTIETH STREET  
NEW YORK CITY**

**(SUPPLEMENT TO SOCIAL HYGIENE, Vol. V, No. 4, OCTOBER, 1919)**

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# Social Hygiene

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No. 1

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## THE PART OF THE REFORMATORY INSTITUTION IN THE ELIMINATION OF PROSTITUTION

MARTHA P. FALCONER

*Director, Section on Reformatories and Houses of Detention, Law Enforcement Division, War Department Commission on Training  
Camp Activities.*

Very interesting developments and clarifications of the reformatory idea have resulted from the efforts of the War Department to provide additional facilities for the custody and rehabilitation of women and girls who proved to be a menace to the health and morals of the fighting force of this country. These efforts of the War Department were made through the Section on Reformatories and Houses of Detention of the Law Enforcement Division of the Commission on Training Camp Activities.

Prior to the war, as individual cities through their own efforts closed their segregated or "red light" districts, the problem of the care of the women whose livelihood was thus destroyed came to the attention of a small group of socially-visioned citizens, and the theory of a real need for certain institutional facilities was approached, or, in a few cases, the vague feeling of need of some rehabilitating provisions crystallized into organized effort to secure the establishment of a reformatory institution. But the whole program for the suppression and elimination of prostitution in a given community was a problem that had never been squarely tackled in a representative way. To ordinary consideration, the closing of the red light districts was effective.

The War Department early provided for this action. Section

thirteen of the act "To authorize the President to increase temporarily the military establishment of the United States," approved May 18, 1918, reads:—

That the Secretary of War is hereby authorized, empowered, and directed during the present war to do everything by him deemed necessary to suppress and prevent the keeping or setting up of houses of ill fame, brothels, or bawdy houses within such distance as he may deem needful of any military camp, station, fort, post, cantonment, training, or mobilization place; and any person, corporation, partnership or association receiving or permitting to be received for immoral purposes any person into any place, structure, or building used for the purpose of lewdness, assignation, or prostitution within such distance of said places as may be designated, or shall permit any such person to remain for immoral purposes in any such place, structure or building as aforesaid, or who shall violate any order, rule or regulation issued to carry out the object and purpose of this section shall, unless otherwise punishable under the articles of war, be deemed guilty of a misdemeanor and be punished by a fine of not more than \$1,000 or imprisonment for not more than twelve months, or both. . . .

Imprisonment for not more than twelve months brought the attitude of the War Department into contact with the reformatory system which had so far been developed for women. In February, 1918, nineteen girls under eighteen years of age, from Greenville, South Carolina, were convicted in the federal court and given the one year's prison sentence above referred to. The Department of Justice specified that they should be sent to the National Training School for Girls at Washington.

There is some difference of opinion as to the theoretical limitations of federal provision. On the actual limitations there is rather general ignorance until some practical emergency makes the test. When the nineteen federal prisoners arrived in Washington it was to find the National Training School for Girls practically full to capacity with girls sent by the Juvenile Court of the District of Columbia.

With considerable difficulty these girls were finally placed in the excellent Massachusetts Reformatory for Women at South Framingham. But the proceedings came to the attention of certain ones near to authority in the War Department, and it resulted that President Wilson set aside from his War Emergency Fund the amount of two hundred and fifty thousand dollars to

provide additional suitable facilities for the custody and rehabilitation of girls and women who were a menace to the men in training. The work of spending this money for the purpose named became the privilege of the Section on Reformatories of the Commission on Training Camp Activities. There developed very early opportunities of extending the work of this section to the reorganization of some of the existing institutions for girls and women.

As a part of a large organization the Section on Reformatories and Houses of Detention found several plans suggested for its attention. From one point it was urged that the federal government should build four large human reclamation institutions, to be located in the northern, eastern, western, and southern parts of the United States; that prostitutes all over the country should be brought for trial into Federal Courts, and committed to one of these institutions for the period of the war. To approach the problem in this way, which was, in fact, to take the stand that all prostitutes are in need of institutional training, would have been impossible from the point of view of expense and practical execution, even if the theory had seemed justifiable.

It seemed the right course to endeavor to supply the needs experienced by the other two sections of the Law Enforcement Division, the Section on Vice and Liquor Control and the Section on Women and Girls, in a way that would expedite and at the same time could continue and develop their work as a part of the program of the community and state for the care of delinquent women and girls. Of course not all members of the other two sections were agreed as to how their needs might best be met. But to meet the immediate need of the local situation was the prevailing recommendation. In some cases that opinion was followed and has proven justified; in some cases it was wisely disregarded; in still others,—but possibly the experiment has had its greatest value in an educational way, where there must always be positives and negatives.

In order to meet the immediate need quickly, wherever it was possible it was endeavored to use remodelled old buildings for the enlargement of institutional facilities rather than build new ones.



Old "sporting houses" were remodelled as houses of detention. Farmhouses or school properties became the nuclei of reformatories. To make this federal effort, as far as possible, part of the local program, to be continued permanently, it became the principle of the Section to recommend federal aid only for buildings, repair or equipment, and to secure from the community at least the upkeep of the institution,—for the period of the war in the case of local institutions, and permanently in the case of state institutions. Where provision for maintenance for the period of the war was considered sufficient it was because it seemed inadvisable to press the community further at the time, or because it was hoped that during this period the place of the institution in the local program would be so demonstrated as to insure its continuance. Local committees were always placed in charge of the institutions.

The material work of the Section, summarized, has been to assist with federal funds to meet the need of the cantonment cities in the establishment of ten detention houses,—some of which have simple hospitalization facilities,—three detention hospitals, three city farms, and four reformatories. This does not include in any way the work of communities which established their own detention houses without the help of federal money. The ideal situation for each camp community was to have suitable detention facilities for girls and women where they could be held for medical and physical tests and sympathetic study, pending trial; to have hospitalization facilities for use when necessary; and to have available a reformatory institution for long-term commitment.

The house of detention idea early in the war situation became not only established but popular. So popular in fact that the theory was sometimes lost and the name stood paramount. There is the clearest case for a genuine house of detention, a place where all arrested girls and women, who are not "repeaters," can be held in as normally home-like conditions as possible while awaiting trial. During this time medical and psychological tests should be made, so that a scientific plan for the girl's or woman's future can be recommended to the judge. The detention house

must always be able to provide medical treatment, either in the institution itself, or by arrangement with some other organization, as the Public Health Service clinic, and, like all institutions, should furnish its population with suitable employment,—the upkeep of the house, sewing, and gardening when possible.

From the studies made in a good house of detention it is found there is no single type of camp follower. There is the silly, run-away girl, who ought to be sent home; feeble-minded girls who need permanent custodial care; girls who can respond to strict probation; and nervous, under-nourished, over-sexed girls and women who need training in an institution. In the camp town or the normal peace community it will be found that various programs should be planned for girls and women held as prostitutes and vagrants. All these girls and women need to learn the necessity of their being economic and moral assets to the community rather than debits; they need to know the dignity and value of labor. A socially alive public, acting through a wise probation or protective officer, may be able to swing many of the girls and women into line. Some need an opportunity to become normal in abnormal,—to our present civilization,—surroundings. They need the opportunity of living an outdoor life in a community whose only purpose is helpfulness and development.

There is of course, great value in having the facilities of a quasi "home" available for these detention or "clearing house" purposes. Yet it is very evident to the impersonal observer that there is little real difference between the good jail and the poor house of detention. And the difficulty with which some of the houses of detention have been secured, established, and maintained, points to the fact that possibly the idea was allowed to spread beyond the limits of practical correlation with the need. In several places the local situation was "ripe" for the support of a detention house, as at Newport News, Virginia. It was there the single link in an entire program. So in lesser degree at Columbia, South Carolina.

The need of excellent hospitalization facilities for venereal cases is self-evident. The Section on Reformatories and Houses of Detention has been called upon to assist in this fundamental

provision of the program to eliminate prostitution. The history of detention hospitals established in states where there is no provision for holding the women beyond the period of infection, points to the conclusion that, as fundamental as the detention hospital, is the institution where a general rehabilitating program can be carried out, covering, if necessary, the period of several years. With an automatic discharge in the near horizon for all the patients it is difficult to effect any very complete rehabilitation. In one detention hospital, (not, it chances, established by the federal government), where nothing but medical work was attempted,—though that was excellent,—it was found that during the first six months the hospital was in operation the same girls were registered as acutely infected two or three times. Of course these girls, when leaving after thirty days' intensive treatment, with instructions for the next six months, would each one assure you, "Sure, I've had my lesson. I'm going to get a job and stick to it!"

Such procedure is wasteful to the community and futile so far as the individual is concerned. The work of the venereal hospital must be linked by a strong social service work to a larger program. The patients must be passed on to something definite; be it to a job under close probation, or to a period of training in an institution.

Several detention hospitals have been located in the country. This is excellent as it approaches the city farm idea. Any outdoor work is of rehabilitating value. Their management by women, and supervision by a mixed local committee have been developments along the right line.

The most excellent hospitalization facilities obtainable are needed. Then must follow assistance to mental and moral readjustment. Thus, there is perhaps no venereal disease work for men more excellent than that done at the University of Michigan Hospital at Ann Arbor. It is now planned to extend the work of that institution to include work for women. But at the same time the Social Service Department of the hospital is preparing to do follow-up work, and efforts are being made to build up the

Detroit House of Correction and to establish the Michigan State Reformatory for Women.

A whole institutional program cannot be precipitated upon a community. In fact it has seemed that the work of the Section on Reformatories and Houses of Detention has been effective only in so far as it has become an integral part of the community's or state's program. Where an institution has been launched without complete effective legal machinery, supported by a socially educated public, it is only with very careful continuous supervision that the work of the institution can be continued.

The reformatory must be supported by state laws providing for long-term commitment (an indeterminate sentence, if possible), by probation or protective work to precede commitment, by parole or follow-up work upon discharge, and by the general interest of the citizens of the state, acting through a board of managers. There should be detention houses to determine which are reformatory cases, and hospitalization facilities available for the medical treatment of the women and girls. Not all prostitutes need the reformatory training, it is true. Many do if they are to become self-supporting, self-protecting citizens. For many it is necessary as a deterrent.

While the existence of a reformatory will serve as a deterrent to potential prostitutes, yet modern reformatories should have no qualities repugnant to the individual,—worker, visitor or inmate. New Jersey, at Clinton, and Iowa, at Rockwell City, have excellent institutions for women. Pennsylvania has an interesting industrial school for girls, at Sleighton Farm; Virginia at Bon Air; Georgia at Atlanta, and so on. They all become happy experiments in community organization on an agricultural basis when properly conducted.

Girls should be sent to the industrial school for the remainder of their minority; women to the reformatory for an indeterminate sentence if possible. In both cases parole, under very careful probation, should be extended after a certain time, probably two years. The time spent in the institutions,—which must in all states be separate for women and for girls, and in the southern

states with further separation of white and colored,—must be made valuable by means of training in agricultural, academic, and industrial work. The community spirit of the place must be developed by group meetings, music and governmental organization, and by the responsibility of the work involved in the upkeep of the institution. The individual should be developed by a well-conducted system of student government. Institutional work as developed on such lines is of interest to college-trained women. The women and girls for whom these institutions are planned have very frequently seen too much of the wrong kind of men, and too little of the right kind of women. Colored girls and women should be in the care of women of their own race, who will prove to be more successful than white women, and a much needed inspiration.

The work best undertaken by a woman's reformatory institution is agricultural, in view of our country's great need for that development, and the rehabilitating effects of outdoor work on women who are, or have been, venereally diseased. Where agricultural work is impossible, other work of economic value should be engaged in. What is most important is that the work done shall be of real value, evident to the worker. We are all held in line by that argument, in war or peace. Too often, in the past, reformatory institutions have offered idleness, or "fancy stitching on bed ticking." Women who have been living a life of prostitution are not anxious to work. They have to be taught. But when the value of the work is evident, it is not a difficult lesson.

It has been the work of the Section on Reformatories and Houses of Detention to provide additional detentional and reformatory facilities in camp communities. Summarized, the findings of the Section are these: That any institutional provisions to be effective must be part and parcel of the whole state and community program, fully supported by legal and executive machinery, and a socially educated public; that it is most desirable that suitable detentional facilities, where medical and psychical tests can be made, be afforded girls and women while they are held pending trial; that medical treatment, with hos-

pitalization facilities, available when necessary, must be provided immediately for venereally infected women; that there is a certain class of women, of low-grade mentality, nervous, untrained, under-nourished, who need long-term commitment to an institution for treatment and training if they are to be kept from returning to a life of prostitution; and that such institutional facilities can best be provided in a state reformatory developed as an industrial farm.

As our situation returns to that of normal peace times, the general public must realize and take up the challenge of the War Department's program to eliminate prostitution. An awakened public, ready to plan, to work, and to believe, can accomplish it. We have tried to show the assistance of the reformatory in the program. But that will serve only as the public makes it.

## PRUDERY<sup>1</sup>

Prudery and indecency have proven a terribly hostile alliance against purity of thought and conduct. Sex can only be saved from the swamp by the strong aid of scientific knowledge and scientific ethics. It is admitted by many thoughtful clerical teachers that the exhortations of religion are inadequate. There must be a sure basis of biological knowledge and a psychological faculty in all teachers who essay to lead youth in the path of chastity.

St. Jerome, in a letter to Eustochium, gives an excellent definition of prudery. He describes the prudish woman as one who "regards as gross whatever is natural." The association of the gross or the sinful with sex must inevitably destroy the attitude of reverence in the young mind. We cannot instil a fine erotic idealism by teaching children to insult nature. This is not the way of sublimation. We must think purely of that which is intrinsically pure. Love is the great purifier and refiner of humanity, and the source of this passion is in sex.

Let no counsels nor suggestion of prudery imperil the clear mental vision of the child. Respect for the body and the vital impulse of love is the sole moral safeguard for youth. Disrespect for sex is the great anomaly of civilization. It is a result of a distorted view of modesty and refinement. Prudery, profanity, and obscenity have violated the sanctuary of love.

<sup>1</sup>From *Prudery and the Child*, by Walter M. Gallichan in *The Child*, for August, 1918.



## THE NEED FOR INDUSTRIAL HOMES FOR WOMEN

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The supreme obligation before America today—and all people of the Allied Nations—is winning the war. The struggle for the principles of democracy demands efficiency. Efficiency demands man-power, and woman-power.

The greatest destroyer of man-power which the army is fighting in training camps today is venereal disease. The greatest source of venereal disease has been prostitution. We make no apologies for plain speaking—that is what our government is asking for today.

The War and Navy Departments, and the United States Public Health Service, have said commercialized prostitution must be stamped out. Houses of prostitution are forbidden by federal law to exist within ten miles of a military camp. The government is demanding repression of prostitution within all effective radii of military centers, and asking its patriotic citizens to stamp it out in every village and hamlet in the country.

Bubonic plague and yellow fever were never controlled by shutting our eyes, shrugging our shoulders, and calling rats and mosquitoes necessary evils. They were controlled by public understanding, by fighting them in the open, by exterminating the carriers. Today the nation is demanding of all one hundred per cent Americans that they look the problem of venereal disease squarely in the face, that they take all necessary steps toward eliminating everything that contributes toward, or tends to perpetuate, the greatest source of this disease, and that they do away with the carriers.

But in the case of venereal disease the carriers are human beings. And the human beings who individually expose the most of the rest of humankind to this disease are women. As women they have the right to appear in society, the same right

that women who have had the equipment mentally, morally, physically, and financially, to retain their status unashamed. But they have not the right to be carriers of that disease, "which has no rival, not even tuberculosis, in its importance as a public health problem."

We are not forgetting the men. All over the United States the people are facing the facts as never before. The single standard of morality is nearer attainment today than at any time in the history of the world. Thousands of young men in the uniform of their country's army and navy today are better men and better physical beings than they ever were before, because in the service they have learned the fallacy of the exploded ideas of "necessary evils" which they had been taught or had accepted without question in civilian days. They know now that strength and virility are not measured by inability for self-control.

For military efficiency,—and for social welfare,—prostitution must go. This is the government's decree, based upon the combined scientific and experimental knowledge of the world's experts in medicine, sociology, psychology, and police administration. This is the undeniable fact. We must face it. What shall we do about it? Closing houses of prostitution does not cause the women inmates to vanish into thin air. A few leave that vicious life with little difficulty, because they have been engaged in it temporarily when the returns were large. And when public opinion and honest officials enforce the laws the money does not come so easily. Some, therefore, return to homes and former employment. Many, not too enmeshed in the life and in the grasp of pimps, can "come back" into normal life, through the emergency measures looking toward legitimate employment, carried on by government, state, and community social agencies. But what of the feeble-minded, the illiterate, and the women who can scarcely remember any other life?

They must be cared for, and must be cared for where they will not constitute a military and a social menace, where they may be given vocational training, and a curative treatment,

where creative instinct may be encouraged along honest and democratic lines.

It is a tremendous undertaking, and it will cost money. But nothing is too great which is necessary as a vital war measure and for maintaining afterward those principles for which we now fight. The cost? The comparison with the saving in humanity we leave for abler discussions. From the purely material standpoint, what is the cost compared to support of the syphilitic insane? And syphilitic insanity is preventable. How does it compare with the cost of maintenance of the hordes of public charges due to other phases of venereal disease?

The enforcement of law against prostitution must be carried on. Police records show a coincident diminution in crime. When law enforcement proceeds, provision must be made for the women affected. Cities, and counties, cannot do it all. Nor can they do even a large part of it. There are not many people available who have that combination of training, experience, patience, tact, common sense, and administrative ability necessary to conduct rehabilitative work. State industrial homes, modeled along lines which have proven effective, are needed, and are needed at once.

The women of the nation will undoubtedly see that adequate provision is made, and that results are secured. They will thus contribute once more to the immediate war necessities, back up the government and the things we are fighting for, and at the same time prepare for the great period of reconstruction when the cause is won.

## THE SOCIAL VALUE OF A MAN<sup>1</sup>

Our pedagogy has hitherto not understood the true standard of human value. The social value of a man is composed of two groups of factors; mental and bodily hereditary dispositions, and faculties acquired by education and instruction. Without sufficient hereditary dispositions, all efforts expended in learning a certain subject will generally fail more or less. Without instruction and without exercise, the best hereditary dispositions will become atrophied, or will give indifferent results. But hereditary dispositions not only influence the different domains of knowledge, as the traditional pedagogues of our public schools seem to admit, they also act on all the domains of human life, especially on the mind. Good dispositions in the domains of will, sentiment, judgment, imagination, perseverance, duty, accuracy, self-control, the faculty of thinking logically and distinguishing the true from the false, the faculty of combining aesthetic thoughts and sensations, all constitute human values which are much superior to the faculty of rapid assimilation or receptivity, and a good memory for words and phrases . . .

In spite of the great importance of rational pedagogy, we must not forget that it is incapable of replacing selection. It serves for the immediate object, which is to utilize in the best possible way human material as it exists at present; but by itself it cannot in any way improve the quality of the future germ. It can, however, by instructing youth on the social value of selection, prepare it to put the latter in action.

<sup>1</sup>From *The Sexual Question*, by A. Forel.

## FOUR MILLION DOLLARS FOR THE FIGHT AGAINST VENEREAL DISEASES

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The passage by the United States Congress in July, 1918, of the Chamberlain-Kahn bill made available for the fight against venereal diseases in civilian communities the sum of four million one hundred thousand dollars.

As early as May, 1917, immediately after the declaration of war against the German Empire, Congress placed itself on record in regard to the problem of venereal disease in war time by the passage of Section 13 of the Selective Service law, directing the Secretary of War "to do everything by him deemed necessary to suppress and prevent the keeping or setting up of houses of ill fame . . . within such distance as he may deem needful, of any military camp, station, . . . or mobilization place . . . " This act made possible an emergency attack on venereal diseases without parallel in military history. The Chamberlain-Kahn act makes possible a permanent program for combating venereal diseases in civilian communities such as has never before been carried on by any nation.

In the Senate, the bill was introduced by Senator George E. Chamberlain, of Oregon, and in the House by Representative Julius Kahn, of California. Mr. Chamberlain had been in touch with the work of the Oregon Social Hygiene Society and the Oregon State Board of Health, which had been conducting a vigorous campaign against venereal diseases for a period of over five years. He realized that the people of the country were ready to support a comprehensive program of attack. Mr. Kahn was well informed regarding the pioneer work of the California State Board of Health in combating venereal diseases. He knew

that the methods tried in his state could be applied effectively throughout the nation.

There was an extensive and intelligent interest among numerous members of Congress. That body as well as the country at large had been aroused by the reports of the Council of National Defense and the War Department, emphasizing the responsibility of civil communities for venereal diseases in the army and navy, and men of large affairs in the various states earnestly expressed themselves as favoring congressional action. Several congressmen would have been ready to fight for the measure if there had been any objection. The bill met with widespread approval. Only one member of Congress spoke against the measure, and his objection was based upon the principle of state subsidies in the bill. It passed both houses unanimously.

Mr. Kahn said on the floor of the House, just previous to the passage of the bill: "It well behooves the government to cooperate with the states in stamping out this curse of the human race. Cases of smallpox, bubonic plague, diphtheria, and scarlet fever must be reported to the local health authorities immediately, and the country, the states, and the municipalities seek to regulate and prevent the spread of those diseases; but through prudery and mawkish sentimentality we have closed our eyes to the serious condition that exists in our country by reason of the prevalence of venereal diseases. I contend, therefore, that this legislation is a step in the right direction, and that every father and mother in this country will approve of the action of the Congress in establishing this board of social hygiene."

Although the various items of the appropriation cover a period of only two fiscal years, and in some instances only one year, the bill inaugurates a policy which, it is believed by Congress, will be permanent. Senator Chamberlain said: "The statute becomes a fixed statute for all time, and the only way to avoid the performance of its terms after the appropriation is exhausted is to refuse to make any other appropriation. In other words, it is a permanent statute so far as Congress makes the appropriation, and the only way to limit that is to make it effective during the emergency. My opinion is that, as people become educated and

see the results obtained by it, they will want it a permanent statute."

The bill was supported by the Commission on Training Camp Activities of the War Department, the Medical Department of the Army, the State Health Officers' Association of the United States, the United States Public Health Service, and the American Social Hygiene Association. It was made a part of the Army Appropriations act, and appears in that act (Public No. 193, 65th Congress) as Chapter 15. A summary of this chapter follows:—

Section 1 creates an Interdepartmental Social Hygiene Board to consist of the Secretary of War, the Secretary of the Navy, and the Secretary of the Treasury, and the Surgeons General of the Army, Navy, and Public Health Service; or of representatives designated by the respective secretaries; the duties of said board to be—(1) to recommend rules for expenditure of \$1,000,000 allotted to the states for the purposes authorized under section 2, of this chapter; (2) to select the institutions and fix allotments under section 6; (3) to recommend such general measures as may seem necessary to carry out efficiently the purposes of this chapter; (4) to direct the expenditure of the sum of \$100,000 referred to in section 7.

Section 2 authorizes the Secretary of War and the Secretary of the Navy to adopt measures assisting the states in caring for diseased persons (in detention homes) in order to protect from venereal infection soldiers and sailors of the United States.

Section 3 establishes in the Bureau of the Public Health Service a Division of Venereal Diseases.

Section 4 provides that the duties of the Division of Venereal Diseases be—(1) to study and investigate the cause, treatment, and prevention of venereal diseases; (2) to coöperate with state departments of health for the prevention and control of such diseases within the states; and (3) to control and prevent the spread of these diseases in interstate traffic.

Section 5 appropriates \$1,000,000 to be expended in carrying out the provisions of section 2.

Section 6 appropriates \$1,000,000 annually for two years to be allotted to the states on the basis of population for the use of their departments of health in the prevention, control, and treatment of



venereal diseases, the payment to each state for the fiscal year beginning July 1, 1919, conditioned on the state's raising an equal amount; but payment for the fiscal year beginning July 1, 1918, to be without such condition. It further appropriates \$100,000 annually for two years to be paid to suitable institutions for scientific research for the purpose of discovering more effective medical measures in the prevention and treatment of venereal diseases. It further appropriates \$300,000 annually for two years to be paid to institutions qualified for scientific research for the purpose of discovering and developing more effective educational measures in the prevention of venereal diseases, and for the purpose of sociological and psychological research related thereto.

Section 7 appropriates \$200,000 to defray the expenses of establishing and maintaining the Division of Venereal Diseases; and appropriates \$100,000 to be used under the direction of the Interdepartmental Social Hygiene Board for any purpose for which any of the appropriations made by this chapter are available.

Section 8 provides that the terms "state" and "states" used in this chapter include the District of Columbia.

#### PROGRAM OF THE UNITED STATES PUBLIC HEALTH SERVICE

Just previous to the time the President of the United States signed this bill (July 9), he also signed an order (July 1) transferring to the United States Public Health Service all civilian public health activities, including the work of combating venereal diseases in civilian communities hitherto directed by other agencies if needed.

In compliance with the President's order and the provisions of the above-mentioned act, the United States Public Health Service, through its Division of Venereal Diseases, is directing a thorough campaign against venereal diseases in civil communities throughout the United States, utilizing medical, law enforcement, and educational measures.

#### *Coöperation with State Boards of Health*

The policy of the Division of Venereal Diseases in the development of these measures is to coöperate as thoroughly as possible with state boards of health.

The Army Appropriations act provides for the allotment to state boards of health of one million dollars each year for the two fiscal years beginning July 1, 1918, for the fight against venereal diseases. For the second of these two years the payment of the states' allotments is conditioned upon the expenditure of a like amount by the states in the prevention of venereal diseases. For the first of these two years this condition is not imposed.

The Division of Venereal Diseases is detailing to each of the various state boards of health an officer of the Public Health Service in uniform, who in most cases is in charge of the division or bureau of venereal diseases of the state board of health. His work is directed jointly by the Public Health Service and the state board of health. On December 1, 1918, officers had been detailed to thirty-nine states.

On March 29, 1918, the Public Health Service published standardized board of health regulations, approved by the Surgeons General of the Army, Navy, and Public Health Service for the control of venereal diseases. Laws and regulations requiring the reporting of venereal diseases by name or number had been adopted by thirty-nine states on December 1, 1918. On this date twenty-nine states had laws or regulations authorizing the isolation of persons with venereal infections who may be considered dangerous to the community.

In coöperation with state boards of health, clinics for civilians in large cities throughout the United States are being established as rapidly as possible. These are maintained under the direction of the various state boards of health.

In its educational work the policy of the Division of Venereal Diseases is to work with the states so far as possible in the preparation and distribution of pamphlets and exhibits and in the arrangements for lectures and motion pictures.

### *Section on Medical Measures*

The purpose of medical measures in combating venereal diseases directed by the United States Public Health Service is to bring about the treatment of civilian carriers of syphilis and

gonorrhea until they are no longer dangerous to other people, and, if possible, to effect permanent cure. In addition to the medical work developed in coöperation with the state boards of health, the Division of Venereal Diseases is directly responsible for the following lines of activity:—

(1) *Extra-cantonment clinics.* Clinics have been established in civil sanitary districts adjacent to Army camps for the treatment of infected persons in the vicinity of Army camps who are a menace to soldiers. An officer of the United States Public Health Service is in charge of each clinic assisted by one or more nurses. A large proportion of these nurses are furnished by the American Red Cross. On December 1, 1918, twenty-six clinics had been established and approximately thirty thousand civilians had applied for treatment.

(2) *Provision for treatment of persons under the control of the Federal Government.* For the treatment of men employed by the merchant marine, facilities are provided in twenty United States marine hospitals and in one hundred fifteen contract hospitals and stations. Arsphenamine is provided free to United States seamen, employees of the Coast Guard, and the Lighthouse Service. In coöperation with the Department of Justice, a plan has been developed providing for treatment of all Federal prisoners infected with venereal diseases.

(3) *Medical officers in detention homes.* When emergencies exist, the United States Public Health Service details a medical officer to detention homes for the treatment of women isolated in these institutions by civil authorities.

(4) *Free arsphenamine.* Previous to the allotment of funds to state boards of health, the Public Health Service undertook to supply without charge free arsphenamine for all civilian venereal clinics in the United States under its direction. On December 1, 1918, sixteen thousand doses had been distributed to clinics, marine hospitals, and relief stations. The hygienic

laboratory of the Public Health Service tests and proves a sample of each lot of arsphenamine before it is permitted to be used.

### *Section on Educational Activities*

Realizing that widespread ignorance and misinformation constitute one of the most important causes of venereal diseases, and that the success of its program is dependent on an enlightened public opinion throughout the nation, the Public Health Service, in developing its campaign against venereal diseases, is placing emphasis on education. The means used in the education of the general public are lectures, motion pictures, pamphlets, placards, and exhibits. Plans are under way for the employment of a corps of full-time lecturers. An adaptation of the War Department's motion picture "Fit to Fight" has been prepared for use in civilian communities, and the preparation of other motion pictures is planned.

The work of public education is directed through ten subsections as follows:—

(1) *Subsection on national organizations.* Through this subsection speakers are supplied for national conventions; co-operative work is developed with churches, various fraternal organizations, business men's clubs, and college fraternities. Two men are to give full time to developing a program adopted by the International Association of Rotary Clubs providing for educational campaigns in over four hundred cities of the United States. Special attention is being given to work among negroes. One officer gives attention to coöperative work with medical societies and medical publications. A list of approved volunteer lecturers is maintained.

(2) *Subsection on industries.* Through this subsection, pamphlets, placards, and other educational material is made available to industries throughout the country, especially those engaged in war work. The establishment of clinics is also advised. A corps of full-time lecturers is being organized for work primarily among industries.

(3) *Subsection on quackery.* A nation-wide campaign is directed by this subsection against advertising specialists in sex diseases, and against the sale of nostrums for the self-treatment of venereal diseases. The coöperation of druggists throughout the country has been obtained.

(4) *Subsection on academic emergency measures.* Through this subsection, the Public Health Service will reach so far as possible young men and boys in the high schools of the United States. Lectures, exhibits, and pamphlets will be utilized. The activities of this subsection and the Subsection on School Curricula are directed with the coöperation of the Bureau of Education which has detailed a liaison officer for this work.

(5) *Subsection on school curricula.* In order that misguided efforts of teachers in sex education may be prevented, in order that the problems of sex among young people generally may be understood, and in order that scientific methods may be utilized in the development of biology, physical education, domestic science, sociology, and kindred subjects so as to include the essential facts of sex, efforts will be made to bring about the thoughtful study of problems of sex education. This subsection will work among administrative officers of colleges and schools and among teachers of colleges, secondary, and primary schools throughout the United States. Suggested courses of study for teachers will be prepared and distributed and conferences will be arranged.

(6) *Subsection on juvenile emergency measures.* Plans are now under way providing for educational work among boys and girls in industries, in agricultural clubs, and in other organizations. Coöperation of libraries is also being won in an effort to arouse parents everywhere to a sense of their responsibility in the education of their children in matters of sex.

(7) *Subsection on statistics.* With the aid of the Surgeon General of the Army, the Public Health Service through this subsection is preparing data showing the responsibility of cities throughout the United States for venereal diseases in the Army.

Charts will be made showing the relative standing of cities and states in respect to the proportion of men with venereal diseases inducted into the army from these cities and states.

(8) *Subsection on law enforcement.* This subsection will keep in touch with the work of law enforcement of the Commission on Training Camp Activities of the War and Navy Departments, which, during the period of demobilization, is the recognized agency directing the work of law enforcement in respect to prostitution and venereal diseases. After demobilization, the Public Health Service through this subsection will assume responsibility for this field of activity.

(9) *Subsection on production.* In this subsection, pamphlets, illustrated material, and exhibits are prepared as well as articles for use in newspapers and magazines.

(10) *Subsection on coöperation with state boards of health.* This subsection will endeavor so far as is possible to work with the state boards of health throughout the country in the development of all educational activities. In those few states whose boards of health are not active, coöperative relations will be maintained with state councils of defense.

Already considerable progress has been made in the development of the educational program of the Division of Venereal Diseases. Twenty-two publications have been issued, of which about two million copies are now being distributed. Two exhibits, one for the general public, and one for young men and boys, have just been completed. Venereal disease placards are being placed in railroad stations and coaches throughout the country. Many thousands of pledges have been received from drug stores and newspapers, agreeing to coöperate with the Public Health Service in the campaign against quackery and the sale of venereal nostrums. Beginning February 1st, a health exhibit, in which the facts of venereal diseases and sex hygiene are incidentally mentioned, will be shown in one to two thousand high

schools of the United States. Libraries throughout the country are coöperating in making available for parents and all members of the family the best books on venereal diseases and sex hygiene. A health Sunday is to be held in the churches throughout the country on February 9th, and ministers will ask the support of their congregations in the fight against venereal diseases. Four state conferences of educators have already been held. Before the signing of the armistice, lectures to registrants were held with the coöperation of draft boards, and a pamphlet of information distributed. Already many state boards of health are coöperating with enthusiasm. Alabama has adopted the slogan, "Make Alabama as clean as an army camp." New Mexico has posted venereal disease placards in both English and Spanish. Louisiana and West Virginia are sending a health car through the state, distributing pamphlets, and in other ways conducting a vigorous fight against venereal diseases. It is not the purpose of this article, however, to report in detail the activities of the campaign against venereal diseases in civilian communities. Here the plan of attack only can be outlined.

#### TEMPORARY CONTINUATION OF WAR-TIME AGENCIES

In developing the program for combating venereal diseases, which is made possible by the passage of the Chamberlain-Kahn bill, the United States Public Health Service has been quick to recognize the great value of the work conducted in civil communities by the Commissions on Training Camp Activities. The Public Health Service has been particularly desirous to have continued through the period of demobilization the work of the Law Enforcement Division of the Commission. Ninety-five officers, twenty non-commissioned officers, and seventy-five privates have been detailed to states and towns adjacent to army posts for law enforcement work. Women workers have been placed in these communities to aid in preventing prostitution. Efforts are being made to bring about the establishment of reformatories and detention homes for the reclamation of prostitutes, that they may become useful members of society. One million dollars, made available by the passage of the Chamberlain-Kahn bill, is

being spent for the detention, isolation, quarantine, and commitment of such carriers of venereal diseases as may be a menace to the safety of soldiers and sailors.

The Section on Men's Work of the Social Hygiene Division of the Commissions is giving much of its attention to assisting the Law Enforcement Division, stimulating local communities, brought to its attention by law enforcement officers in the field, to more vigorous measures in making such communities clean and safe for soldiers. The Section on Men's Work is continuing temporarily its educational activities among industries. This is done in close coöperation with the educational section of the Division of Venereal Diseases of the Public Health Service.

The excellent work of the Section on Women's Work of the Commissions is also being continued through the demobilization period. Through this section, women of the country are being enlisted in the campaign against venereal diseases. Lectures are being given, a motion-picture entitled "The End of the Road" is being shown extensively, and pamphlets are being distributed.

#### THE INTERDEPARTMENTAL SOCIAL HYGIENE BOARD

The Interdepartmental Board has supervision over the various appropriations made available by the passage of the Chamberlain-Kahn bill. Two million dollars, one million for the present fiscal year, and another for the fiscal year beginning July 1, 1919, are being distributed through the Public Health Service to the state boards of health. One million dollars is being spent in caring for civilian persons whose detention, isolation, quarantine, and commitment may be found necessary for the protection of the military and naval forces of the United States against venereal disease. One hundred thousand dollars is available this year, and the same amount next year, to be used through suitable institutions for scientific research, for the purpose of discovering more effective medical measures in the prevention and treatment of venereal diseases. Three hundred thousand dollars is available annually for two years, to be used through institutions qualified for scientific research, for the purpose of discovering and developing more effective educational measures in the



prevention of venereal diseases, and for the purpose of sociological and psychological studies related thereto.

This Board was established with the understanding that it is to be a permanent addition to the machinery of the government, and with the frank proposition that the service will be quite as necessary when peace arrives as it is now.

## EDUCATIONAL PROPHYLAXIS OF VENEREAL DISEASES<sup>1</sup>

ASSISTANT SURGEON H. E. KLEINSCHMIDT, U.S.N.

*Navy Department Commission on Training Camp Activities*

### VALUE OF EDUCATIONAL PROPHYLAXIS

Venereal diseases differ from most other contagious diseases in that exposure to infection is largely a matter of individual volition. Accidental infections do occur; wives are unknowingly infected by their husbands; congenital syphilis is not uncommon—but the fact remains that the chief factor in the spread of venereal disease is voluntary exposure of, and by the individual. Cynics and self-made philosophers have failed to convince us that the sex urge, which is admittedly a primitive instinct, can no more be stemmed than the tide of the sea. Voluntary action originates in the mind, which, in man, is the master of instinct. Within certain limits, at least, the instincts that lead to exposure are amenable to will-control. If the individual can be persuaded through education and sound argument to avoid exposure, he is equipped with an effective safeguard against venereal disease, as well as against moral hazard, which will stand him in good stead at all times, regardless of surrounding circumstances.

It is willingly conceded that the other factors designed to limit the spread of venereal diseases are of inestimable value. Recreation, entertainment, and physical experience are conducive to a healthy frame of mind; the repression of prostitution reduces external and unnecessary stimuli, making it possible for the educational program to operate; early prophylactic treatment protects those who have broken through these other lines of defense; and measures for the diagnosis, treatment, and control of those

<sup>1</sup>The conclusions reached in this paper are the result of experience acquired while supervising the graphic education in the prevention of venereal disease, conducted by the Social Hygiene Division of the Commission on Training Camp Activities in Army and Navy establishments.

already infected give promise of eventual success. But the fact that a man who is fully informed of the dangers of venereal disease does occasionally expose himself, does not necessarily argue the truth of the worn-out phrase, generally delivered with a flourish and a bombastic finality, that "education has failed."

In support of this idea it is frequently pointed out that venereal diseases are more prevalent among medical students as a class (men who, it is assumed, are well acquainted with the consequences) than among others. This argument is unsound; firstly, because the medical student does not know venereal disease until he has entered his third or fourth year, as the subject is not taught until then; and secondly, because he does have a smattering knowledge of the subject and is tempted to play with fire, presuming that he is clever enough to escape the burn. A more just comparison would be that of mature physicians with lawyers, business men, or laborers. To maintain, then, that education has failed completely is a libel on human intelligence. The educational work in the camp is in immediate charge of trained non-commissioned officers, whose duties include that of interpreting for us the reactions of soldiers and sailors toward the arguments presented. These men have reported innumerable instances of the persuasive and protective powers of educational prophylaxis, rightly applied.

#### PRINCIPLES OF PRESENTATION

Educational prophylaxis does not mean a series of sermonettes on morals. It does mean a simple, clear, expository presentation of the biological principles governing sex physiology, sex psychology and venereal disease. It includes sound, convincing arguments for clean thinking and living, and makes every legitimate appeal for the practice of continence. It does not neglect the advice (for military men) to utilize immediate prophylactic treatment as a last resort measure, and it emphasizes the importance of correct diagnosis and thorough treatment in case of infection.

Perhaps the strongest factor in influencing the actions of men is knowledge—pure, unadorned knowledge—of the facts concerning sex and venereal disease. On the foundation of correct knowledge the superstructure of right action is built. Unfortunately, most

men reach maturity with a distorted view of the whole subject of sex because of the misinformation they have gathered from various unreliable and unclean sources since boyhood. This must be hacked away to make room for the real facts.

It has been urged by some, especially by professional advertising men, that it is unwise and unnecessary to burden the men with the details of anatomy, physiology, and pathology, since the subject is too technical and frequently uninteresting. The simple admonition, forcefully presented from different angles, to "Keep away from whores," they say, should be sufficient. With this view we do not entirely agree. While the advertiser generally speaks of his work as "education," there must be recognized a sharp distinction between education and advertising. The former is the presentation, in logical order, of facts; the latter is injunction, inducement, or admonition. Both are essential and should be carefully correlated; but advertising methods alone, no matter how brilliantly applied, will never completely supplant education, if lasting results are to be obtained. Rather such methods should be used to stimulate a desire for more information, which is the function we have assigned them in the educational campaign. The average man prefers to do his own thinking and desires to find out for himself "the reason why."

The appeal to reason does not, however, hit the target in all cases, some men being persuaded more readily by other influences. No apologies therefore are made for employing the element of fear as one of the restraining factors. In fact, the fear of disease forms the backbone of practically every preventive medicine educational campaign. It is primarily the fear of an enemy which jolts us into activity and drives us into a state of defense and active warfare against that enemy. The instinctive fear of death, destruction or disease is the basis of self-preservation. Why neglect or refuse to employ fear, not as the *only* restraining influence, but as one of them?

Ridicule is a powerful influence in governing the actions, especially of young men. By pointing the finger of scorn at the fellow who thinks it is a mark of strength to consort with prostitutes,

the usual order is reversed and ridicule is made to serve a useful purpose.

Appeals made from the standpoint of physical efficiency are effective, especially when applied to military men who, on account of the new demands being made on them, are striving diligently to achieve physical superiority.

In beginning our work it was believed that any appeals of a sentimental nature would be inappropriate for men in military training and would be promptly laughed out of camp. A brief experience, however, completely shattered that preconceived notion. Indeed it was found that the boys in camp were peculiarly susceptible to sentimental appeals. Perhaps this may be accounted for by assuming that the new recruit finds himself in an unusual psychological state, akin to that experienced by the young man during his first love venture. Homesickness, loneliness, a newly awakened sense of love of country—these things are doubtless responsible for the frame of mind which makes him plastic and receptive for the sentimental appeals made from the standpoints of fair play, of company pride, of chivalry, and of patriotism. Figure 1 is a reproduction of one of a series of posters which has proved effective in making these appeals. The originals are in colors.

It is a commonly known pedagogic principle that new ideas are merely offshoots or buddings of previously existent ideas. The college lad has learned that in order to be proficient in athletics he must refrain from practices which interfere with physical efficiency. In like manner, now finding himself in the big game, he quickly grasps the idea that it is necessary for him to observe conscientiously the training rules prescribed by the government. "The girl he left behind him" is something very real to the absent soldier, and he readily understands the point that he must keep free from venereal disease for her sake if for no other. Similarly he is shown that patriotism of the most ardent type may be completely nullified if, in a moment of indiscretion, he should expose himself to a disabling disease.

Let us not delude ourselves, however, in thinking that by knowledge alone a man is saved. Knowledge which does not give

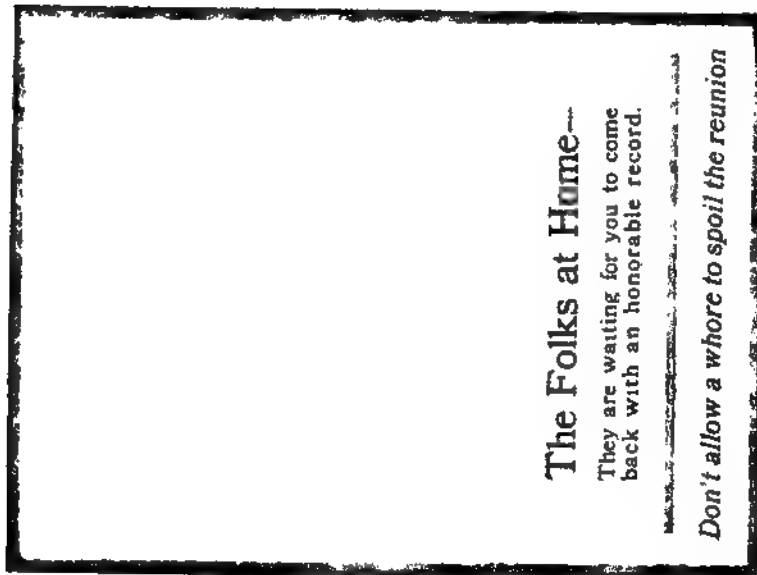


FIGURE 1.

CARDS FROM EXHIBIT NUMBER EIGHT

## Enough Said

FIGURE 2.

**FIGURE 3.**  
**EXAMPLES OF STEREOMOTOROGRAPH SLIDES**  
**USED IN CAMPS**

birth to motive is dead. Knowledge is the electric wire which becomes a transmitter of power only when it has become activated by the living spark of determination or the desire to do. How many philosophers have convinced themselves by cold reasoning that life is not worth the living, who yet continue to live! What is the secret of translating proof into conviction—desire into action? Inspiration! Granted, but this may be merely a cloak for ignorance—an attempt to plug the gap with a word or theory. The appeal which strikes the responsive chord or, as the common phrase has it, “carries the message home,” is a partial answer. The dramatic element, as illustrated in the motion picture “Fit to Fight,” is another clew to the mystery. In following the story of the film one cannot resist a feeling of admiration for “Billy” Hale and a desire to measure up to Billy’s standards and ideals.

#### TECHNICAL PROBLEMS AND DIFFICULTIES

Quite as important as the theoretical discussion of the underlying principles of sex education, is the practical consideration of the technique of conveying these principles or ideas. The tools must be adapted to the particular piece of work at hand. In the camps we have found the following facilities of value and each will be discussed separately: viz., lectures, motion pictures, exhibits and pamphlets.

##### *Lectures*

This being a medical subject, lecturers should be medical men. Every qualified physician is presumably equipped with the facts which should be taught, but few, indeed, are successful in so arranging and simplifying these facts that they may be easily conveyed to the layman who has not a medical or a biological background. Scientific terms are short-cuts for the physician, but meaningless hieroglyphics to the layman. Hence the medical nomenclature must be simplified. That this is by no means an easy task soon becomes apparent by attempting to substitute short, simple words for such terms as “tissues,” “mucous membrane,” “infection,” “diagnosis.” “Syphilis,” says the lecturer, “may attack any tissue of the human body.” If he wishes to sim-



plify this, he is compelled to substitute for the word "tissue" the words "flesh, bones, skin," and so on through the entire category, which obviously is awkward and time-consuming. The word "infection" represents a well-recognized entity to the physician, but to the layman, if he has any notion whatsoever about it, it means "soreness," "blood poisoning," "pus," or some other vaguely defined condition.

The same holds true of many other technical terms and only by patient labor is the lecturer able to express scientific facts in simple, understandable language.

More important than a simplified nomenclature, however, is the method of presentation of the subject itself. What should be included and what omitted is worthy of serious thought. The lecturer, enthusiastic over his subject, is inclined to describe in unnecessary detail the numerous physiological and pathological processes which are only of incidental importance in comparison with the main facts and issues. To hurl at the novice a great mass of facts and information, with which he was previously unacquainted and for the storing of which the pigeon-holes in his brain have not yet been formed by previous association, causes confusion and distortion of ideas, and leaves the victim dazed and wondering what it is all about.

Oftentimes the lecturer attempts, within the brief space of one hour, to hand out in concentrated, tabloid form what it has required him years to ingest. A simple description of the underlying anatomical and physiological processes, briefly stated and illustrated with diagrammatic drawings, will hold the hearer's attention. With this as a foundation, a description of the venereal diseases and their effects becomes easy and intelligible.

Such a talk, however, is very incomplete unless the lecturer follows it by forceful and logical appeals for continence, based on physical efficiency, self-respect, honor, family pride, chivalry, and patriotism.

The usual sex hygiene lecture is likely to leave many of the hearers in a morbid frame of mind because of a too vivid description of the horrors of the diseases. Doubtless many cases of syphilophobia may be traced to tactless, poorly balanced state-

ments. The lecturer should utilize his opportunity of emphasizing the rational sex life and of dispelling from the minds of his hearers the unnecessary worries regarding sexual processes which alarm so many boys, especially those of an introspective nature.

It has been argued that the lecturer had better dispense altogether with stereopticon slides and depend on verbal description and facial expression; but if the lecture is to be of an educative nature it is far better, we believe, to use the lantern slides, diagrams, or charts. Well-selected pictures speak volumes. They reinforce visually the ideas transmitted through the sense of hearing.

It is hoped to try out, within a short time, the experiment of using motion picture films instead of lantern slides in describing the pathology of the subject. It would be necessary, of course, for the speaker so to time his remarks that they would synchronize with the pictures. Animated diagrams might be employed in presenting the anatomy and pathology of the sex organs, as well as certain pathological processes, such as the formation of stricture, the development of pyosalpinx, etc.

The personality of the speaker, too, is of prime importance, and on his manner of presentation may depend success or failure. He should be earnest but not sombre, entertaining but not frivolous, vigorous but not "elocutionary." The good humor of the audience is to be cultivated, but exceeding care must be exercised not to raise a laugh at the wrong time. Oratory is not an asset; indeed, it often becomes a handicap. It is only necessary that the message be delivered clearly, concisely, and forcibly.

### *Motion Pictures*

The "movie" maintains its unique reputation of entertainer-educator. A great amount of "education" which the public will not otherwise swallow is today successfully administered via the sugar-coated cinematograph pill. Recently the public has been violently nauseated—almost poisoned—by an overdose of the many shallow, disgusting sex problem plays following in the wake of Brieux's excellent "Damaged Goods." The morbid interest

excited by such dramas is bound to be harmful and perhaps bring about a revulsion of feeling which it will be difficult to conquer.

In striking contrast to such plays, we have the exceedingly interesting and instructive biological film produced by Mr. George E. Stone, "How Life Begins." The biology of reproduction is set forth simply, accurately and artistically, and if the film does nothing else, it is bound at least to remove the smut which has attached to the subject of sex heretofore.

In the Army camps the film "Fit to Fight," produced by Lieutenant E. H. Griffith, at the direction of the Surgeon General, and with the coöperation of the Commission on Training Camp Activities and the American Social Hygiene Association, has met with unqualified success.

Into four reels the producer has compressed in drama form the government's entire program for combating venereal diseases, laying proper emphasis on each of the factors of the program. In the first reel is depicted a company commander's talk to his men of the prevention of venereal disease. Photographs of venereal infections are interspread between the scenes of the story. In the three reels which follow two great lessons are developed; first, that continence is compatible with health and that it is not harmful; and second, that gonorrhea and syphilis are serious and treacherous diseases which impair a fighting man's ability.

One advantage of the motion picture as a teacher is its strong appeal to a man's imagination, thus bringing its lesson home more clearly than is possible through the spoken word. A disadvantage is that the appeal is more or less evanescent and is made but once. Like most other injunctions, the lesson that exposure to infection must be avoided should be repeated over and over.

### *Exhibits*

Psychologists have demonstrated that about seven-tenths of all knowledge is acquired through the eye, and that three-sevenths of such knowledge is remembered, whereas only one-seventh of knowledge gained through other channels is remembered. The shortest route to the brain is via the optic nerve. From a financial standpoint, it has been found by many health officials that money

spent intelligently for exhibits produces greater results, dollar for dollar, than that invested in any other educational or advertising agency.

Exhibits may be divided roughly into two classes:—

- (1) Those which he who runs may read.
- (2) Those which require detailed study.

In planning exhibits, care should be exercised to keep the two forms separate, employing either one or the other according to particular needs. An exhibit of the former classification should consist largely of self-explanatory posters, pictures, and diagrams, and the text matter should be terse and "punchy" (Figure 2), while an exhibit of the latter class should stimulate the curiosity of the onlooker, appealing to his inquisitiveness, coaxing his interest from one step to the next, thereby guiding his thought consecutively through the entire subject. In the camps, both types of exhibits are employed, the former consisting of slides displayed in a stereomotorgraph and the latter of a set of printed placards.

The stereomotorgraph is an automatic exhibit display device based on the principle of the stereopticon. It is operated by electricity and equipped with its own screen which measures about two feet square. It is so arranged that a series of fifty-two slides may be shown consecutively, each picture remaining on the screen about twenty seconds, and when the entire series has been shown, it is repeated as before, beginning with number one.

This machine is being utilized in the camps, and is proving to be a very valuable exhibit device in spite of its large initial cost. It is found that many men who were attracted merely by the mechanical features of the machine remain to see the entire series of slides. It has been learned, too, that in presenting reading matter the statements must necessarily be terse. Through our representatives in the field, an insistent demand was made for pictures—more pictures. Hence it has been found expedient to combine reading slides with cartoons or pictures. Colored slides are far more effective than plain black and white. The best reading slides are those designed artistically by a card writer in simple, easily read type. A large card of proportions identical to those of the slide is made and is then photographed and reproduced by

the slide-maker's art. Cartoons which are not too complicated are also very desirable.

The sets of slides are subdivided into smaller groups, each telling a short story or making a comprehensible point. For example, some of the pictures of the famous Coney Island Social Hygiene Exhibit have been reproduced, one each on a slide, and these picture slides are held together by a connective tissue of reading slides, in such manner that dramatic sequence is developed, bringing home the importance of a prompt cure in case of infection. In like manner the three slides reproduced in Figure 3 follow in consecutive order, keeping the spectator in interested suspense until the point has been made.

In order that the exhibit may not grow stale, there are furnished with each machine several sets of slides which are changed at short intervals. The machine is not allowed to remain in one location too long, but is moved from place to place as occasion demands.

As an example of the kind of exhibit which requires careful study, we reproduce in Figure 4 one of the placards of the exhibit used in Army and Navy establishments. Each placard consists essentially of (1) a picture designed to attract the attention of the passerby; (2) a question to arouse his curiosity; (3) simple explanatory text matter, answering the question and describing the picture.

By means of twenty-five such placards, the subjects of sex hygiene and the prevention of gonorrhea and syphilis are covered. This exhibit is, in effect, a concentrated text-book in placard form.

Reports from representatives in the field seem to prove that the placards accomplish their purpose. While it is true that some men do ignore them entirely, others study carefully every placard from number 1 to number 25, and still another class of men study selectively—that is, cards which to them appear interesting will be read and others will be passed by.

Many Army and Navy medical officers use these placards as the basis for their talks to the men in small groups, paraphrasing the text matter and elucidating their remarks by means of the pictures.

## WHAT IS THE CAUSE OF GONORRHEA?



Gonorrhea or clap is caused by a germ known as the gonococcus. It reproduces by dividing, itself into two, by six, it is powerfully found in pairs. The pair of gonococci contains millions of these germs and when transplanted on human tissues of various kinds such as the thin skin lining the urinary organs (male or female) or the eye it multiplies rapidly and causes inflammation. The germ buries itself in the cells and secretes a toxin. It is almost impossible for antiseptics to kill them. Therefore, the cure is by using the "modern day" way containing enough germs to set up a severe inflammation when transplanted on previous healthy tissue.

## A Good Sailor

CARD PREPARED FOR USE IN PROPHYLACTIC  
STATIONS

FIGURE 4.  
PLACARD FROM EDUCATIONAL EXHIBIT

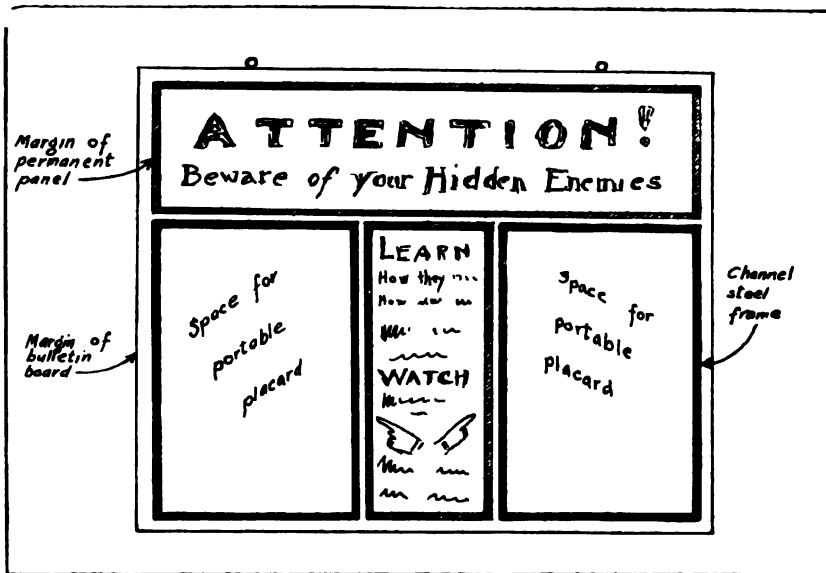


FIGURE 6

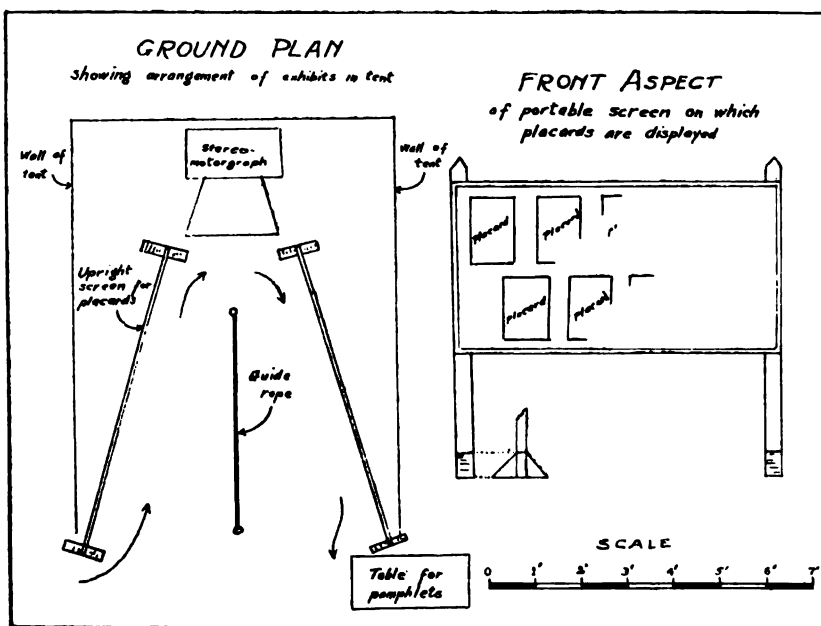


FIGURE 5

PLANS FOR CONSTRUCTION AND DISPLAY OF BULLETIN BOARD

The manner of displaying the placards has had careful thought and the reports made by the sergeants of their observations and experiences in the field have been of great value. Simply slapping the placards on to a wall in promiscuous fashion is worse than useless. A neat arrangement of the placards in numerical order is essential, with careful attention to such apparently insignificant details as the color scheme, spacing, lighting, supplementary decoration, etc. Numerous methods have been devised. Perhaps the most satisfactory is the use of one or several stands or racks, built like a portable blackboard. The framework is made of wood with dark green burlap as a background. On this the placards are placed neatly and in order.

By another plan a number of screens made of wood and burlap, each about two feet wide by six feet high, are fastened to each other by means of hinges in Z formation, similar to folding screens for domestic use. Four placards are attached to each leaf (two on each side). This has the advantage of adaptability, shaping itself to odd corners, uprights, etc., and also may be quickly folded up and removed if desired. To guide the visitor and encourage him to study the placards in consecutive order, it has been found useful to connect the placards by means of a ribbon or brightly colored cord.

Placards and stereomotorgraph exhibits are usually set up in Y. M. C. A. or K. of C. huts, libraries, or other buildings; but wherever possible, we have secured a large hospital tent for the purpose of housing the exhibits. This not only appeals to the universal, innate instinct to "see what's inside the tent," which is recognized by every professional showman, but at the same time sets the exhibit apart as a distinct unit and not as a side show of some other organization in camp. The diagram (Figure 5) shows the ground plan of a display worked out by one of the sergeants.

Set well back in the darker portion of the tent is the stereomotorgraph, a bright spot against a dark background. This "pulls" in the passerby and, on entering, he is obliged to observe a row of placards in passing. Having studied these and viewed the lantern slides, when he turns to leave, he is guided past the other row of placards, completing the series. At the exit he is con-



fronted by a table on which are piled several different kinds of pamphlets, from which he is invited to make a selection. The sergeant stands outside answering questions, advising with the men and distributing pamphlets. Obviously we are employing some of the methods of the quack and his medical museum, but we make no apologies for it.

On the transports and cruisers of the Navy, a different method is employed. On account of limited space, a specially constructed bulletin board is made and installed in a place likely to be visited daily by the men. It will be noticed by the diagram (Figure 6) that there is stretched across the upper sector of the bulletin board a narrow panel, and between the metal frames, a vertical panel. These are both of a darker shade, so that the placards on each side, which are in white, will stand out prominently. The two panels remain permanently while the placards are changed at regular intervals, beginning with numbers 1 and 2 and running through the series of twenty-five. The board itself is painted a battleship gray, the permanent panels are of buff with bright red borders and black type, the metal frames are black and the placards white with black type and red and gray trimmings. The bulletin board method escapes the criticism of the other methods—namely, that of overdosing the visitor with too much at one time.

Graphic displays and models have not been used, not because their value is unrecognized, but because of the difficulty of producing them in large quantities, and of distributing and displaying them properly.

### *Pamphlets*

The same principles recommended above for guiding the lecturer are generally applicable to pamphlets. Brevity, simplicity, sincerity—these are the necessary factors. To be understood by the majority of men, a vocabulary should be used which will not be beyond the comprehension of the man who has had no more than a fifth-grade common-school education.

The purely educational pamphlet is an excellent supplement to lectures or displays of the film previously given. Other pamphlets,

developing certain phases of the subject in story form, also serve a useful purpose.

In conclusion, it is well to remember that the social hygiene educational program must be spread evenly over the entire field. If concentrated in one place and neglected in another the desired results will not be accomplished. To overwhelm one group of men with too much sex education is just as bad as neglecting altogether to give this necessary information, or perhaps even worse. It is equally important so to time the "lessons" that they will come at intervals, in this way keeping up a steady pressure and serving as a constant reminder.

Our country's one aim has been to win the war. All lines of effort converged to the achievement of that aim. The task of the Surgeons General is primarily to keep the soldiers and sailors fit to fight. With this same object in view innumerable agencies, state boards of health, and welfare organizations are introducing the modern program of venereal disease prevention. Of the several outlines for proposed activities which we have seen, every one gives the educational features a prominent place. The program carried out by the Social Hygiene Division of the Commissions on Training Camp Activities has been shaped largely to fit the immediate needs of winning the war. Keeping the men in fit physical condition for the time being, at least, has been the keynote. The general principles presented and discussed above are submitted with the sincere hope and belief that they may be helpful in carrying on the work contemplated throughout the country for combating the last great public health problem to be attacked.

May 18, 1918.]

THE NATION (ADVERTISEMENTS)

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# Venereal Disease.

## The importance of Early Treatment.

*Issued by the National Council for Combating Venereal Diseases,  
President, Rt. Hon. Lord Sydenham, Vice-Presidents, The  
Bishop of Southwark, Sir Thomas Barlow, Bart., K.C.V.O., M.D.,  
Chairman of Propaganda, Sir Edmund Morris, K.C.V.O., F.R.C.S.,  
General Secretary, Mrs. Gatto, O.B.E.*

**Is it any use going for treatment if a risk of infection has been taken and before symptoms appear?**

Yes. If early treatment is given by the Doctor within a few hours it is overwhelmingly probable that the disease can be prevented altogether.

**How long does Gonorrhoea last?**

It may be three weeks or three years—or even a lifetime, if neglected. Much depends upon prompt treatment and the conscientious carrying out of the Doctor's orders.

**How long does Syphilis last?**

Two years upwards before the patient can be finally cured. It can be dealt with effectively if treated early, but if it is neglected and reaches the later stages the disease affects the entire body, and the patient may become a wreck for life. "Eaten up with Syphilis" is not merely a term of speech but a literal fact.

If these facts were more widely known there would be an immediate decrease in these terrible diseases.

But what is actually happening? Ignorance is taking its awful toll of innocent victims. Men who imagine themselves cured marry and pass on the disease to their brides, so that Marriage itself becomes a tragedy. Others delay treatment until cure is almost impossible. Parents, in their ignorance, pass on inherited Syphilis or Gonorrhoea to their children.

These things may shock you. If they do, is it not time to help? Can you look on and allow them to happen, or will you take your part in stamping out Venereal Diseases by supporting the National Council?

Large funds are needed to safeguard the innocent and to enlighten the ignorant; to promote the setting up of free treatments and to prevent the spread of infection. Will you assist by sending a cheque in support of this important National work?

Cheques should be made payable to Major DARWIN, Hon. Treasurer, and be forwarded to National Council for Combating Venereal Diseases, Avenue Chambers, Southampton Row, London, W.C.1.

**How long is it before the symptoms develop?**

In the case of Syphilis, usually ten days to six weeks. In the case of Gonorrhoea, three days to ten days.

**Can a parent pass on disease to the children?**

Yes. Syphilis is the commonest cause of miscarriage. When the children are born alive they are saturated with the disease, may become physical and mental degenerates, and often die young. A very large number are born or become blind as the result of Gonorrhoea.

**Are Venereal Diseases serious?**

Syphilis is one of the chief of the "killing diseases." It also leads to all kinds of dangerous complications. It is one of the most important of the menacing diseases, and it shortens life by the dangerous complications which it causes. One half of the blindness in the country is due to Gonorrhoea. This disease is also a frequent cause of sterility in men and women.

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## SOCIAL REASONS FOR MEDICAL PROPHYLAXIS

WALTER CLARKE

*Captain, Sanitary Corps, U.S.A.*

The only feature of the army's program for preventing venereal disease that has been adversely criticized by any considerable group of thoughtful persons, is the administration of medical preventive treatment against venereal disease after exposure. No one now doubts that this treatment does prevent infection in a very high percentage of cases when given sufficiently early. It is contended, however, that these preventive measures, by giving a sense of security from disease, cause the number of exposures to increase and that, consequent to the increased exposures and imperfections or delays of treatment, the actual amount of venereal infection may therefore be as great as if no medical prophylaxis were used. The further argument is advanced that the army does not recognize the ethical values involved, in that medical prophylaxis, according to the critics, increases sexual immorality. Also it is said that punishment meted out to the man who, after exposure, fails to apply for treatment and later develops venereal disease, seems to be punishment for having acquired disease rather than for having broken the moral law.

The critics of medical prophylaxis might be less vigorous in their denunciation were they fully informed as to the whole social hygiene program of the government as it affects the army. Whether or not, under conditions existing before the present war, it was wise and right to administer medical treatment in order to prevent the probable effects of sexual immorality, is not our concern in this discussion. We are dealing with conditions existing at the present time, and with theories upon which are based practices that are becoming more and more perfect in their operation.

Two practices, more or less widespread in the past, against

which severe criticisms were pressed, have been abandoned by the American army. One of these was the practice of requiring men to report for prophylactic treatment after having been on leave, it apparently being assumed, without proof, that every man exposed himself to venereal disease. The other was the distribution of the prophylactic packet, so-called, to men going on leave. These practices had been given up prior to the present war on the ground of their inefficiency as medical measures, irrespective of the points of justice and decency urged against them.

If medical prophylaxis were the only measure used by the army for the prevention of venereal disease, it is possible that an increase in illicit sex relations would result. But the army and the government generally are concerned for the morals of the men in uniform as well as for their health. That this is a fact is demonstrated by the precautions taken to protect the characters of soldiers from breakdown. The measures for the protection of men in the army from moral dangers are educational, legal, and recreational.

Every man in the army is told the plain facts about the dangers of sex immorality. He is informed of the serious consequences that may result, not only to his health, but to his character and to the welfare of his future family. The army goes further and removes as completely as possible the opportunities for illicit sex relations, and for procuring alcoholic drinks, which almost invariably impair self-control, and opens the path for sexual excess. So thorough has this work been that there now remain no vice districts in the vicinity of army camps in the United States, and even the clandestine prostitute and the boot-legger ply their trade near camps under great hazards. Every soldier is given an opportunity—indeed, is urged—to engage in wholesome and interesting recreation during his leisure time, inside and outside the camp. Add to this the strenuous military regimen of the training camp, and the antidote to immorality seems as complete as it is possible to make it under war conditions. The army is therefore seeking to reduce the opportunities for vicious indulgence and the incentives thereto, and also to strengthen the moral defenses

against the vices which seriously impair not only military but also industrial efficiency. As these measures are perfected and become more effective, medical preventive treatment for men who have been exposed to infection, which must be regarded as an emergency measure, grows steadily less important as a means of keeping men fit to perform their duties.

A further important reason why, under present conditions, medical prophylaxis probably does not result in increased immorality is the fact that soldiers are told that early treatment is not a certain preventive. In all army camps men are urgently advised to apply for medical prophylaxis in case of exposure, but they are also told that even early treatment does not mean complete security from disease. The man who exposes himself to infection knows that he is taking chances, so that, with those persons to whom a frightful risk figures as a psychological factor, the fear of infection still operates as a deterrent.

The attendant at the prophylactic station is not only a medical attendant; if he performs his duty in accordance with the plan of the army, he is also a social worker. He is charged with the responsibility of advising men, who report for treatment, to keep away from all loose women. The information that the attendant may secure can be used, and frequently is used, in apprehending probable disease carriers. True, this conception of the function of the prophylactic station attendant is new and is not perfectly carried into practice, but the ideal is right and the army is struggling toward it, in spite of overwhelming problems of organization which demand continual attention.

However the strength of the contention that early treatment does not increase vice, lies in the figures for certain places where the total social hygiene program has been in full operation and careful observations of results have been made. In these places there has been a marked decline both in the venereal disease rate and in the prophylaxis rate, showing that the army's measures are safeguarding not only the health, but also the morals of soldiers.

In some parts of the country and in some camps, where the

entire social hygiene program is not carried into operation, there may be more exposure to venereal disease than there would be if no medical preventive were provided. This must be admitted. But if, under such conditions, there were no medical preventive treatment there would certainly be more disease, for a far greater proportion of the number of exposures would result in infection. Americans who reflect on the formidable problems of prostitution and venereal disease are seldom willing to balance morals against health, or fewer exposures against increased infections. They inevitably urge the immediate and universal execution of the whole army program.

From one point of view, improvements in the medical treatment of venereal disease may, like medical prevention, be considered as increasing immorality. Advances in diagnosis and in treatment make syphilis less ravaging, make it cause less human havoc, may make it less feared, and therefore less assiduously avoided. If it were possible to stop forever all venereal disease by means of some form of universal vaccination, sexual immorality would probably increase. One of the motives for abstention would be removed. Yet no one has suggested that we should discontinue the use of the Wassermann test, or throw away the formula for salvarsan. On the contrary, every advance in the medical treatment of venereal disease is considered a great blessing to humanity. Viewed from the angle of the critic of medical prophylaxis, the modern therapeutic attack on venereal disease is open to condemnation on the ground that it nullifies the natural punishment for licentiousness, which is destructive disease, and is therefore detrimental to the moral welfare of society.

As a matter of sound reasoning we may not properly regard exposure to venereal disease simply as an individual matter and a lapse of sex morals as an isolated fact. Morals grow out of the psychical and physical experiences of the race. The complete history of the man and of the woman guilty of immoral conduct is the background of the performance, and many associates of the principals have rôles in the tragedy. The measures which may be taken for the prevention of moral breakdowns should be sufficiently comprehensive to reach all the factors involved. This

is a clear responsibility of society. But having failed in that, every means should be employed to prevent diseases which may result in still further social and personal damage. Were prophylactic treatment not given, the exposed soldier might develop syphilis or gonorrhea, transmit it later to his wife, his children, and their associates, and so become a menace to all who are intimate with him, producing a chain of mental and physical distress that can only be broken by rendering completely non-infective every person in the chain. The soldier who assumes, through immoral conduct, the risk of acquiring venereal disease not only jeopardizes himself, but, what is more important for society, he risks the health and happiness of many others, innocent of any infraction of moral law. This latter risk society ought not to permit him to take. He may be weak, vicious, careless, or ignorant and may suffer in his own body and mind for these defects, but it is neither just nor necessary that others should acquire disease because of him. To protect the army and society generally from such soldiers as a source of danger, which they immediately become if infected, prophylactic treatment must be given.

Nor is it just that because a soldier is weak, vicious, careless or ignorant, the burdens and dangers of his duties as a man in the ranks should be borne by his comrades. To permit this penalizes health. Yet to fail to give the medical treatment which will probably prevent disease is to allow a moral weakling to shift his military responsibilities to the shoulders of other men, while the man guilty of immorality remains in the camp. He there consumes the attention and the space which should be given to men disabled in the performance of their duties. An officer of the Surgeon General's staff recently remarked that the reason the medical department of the army had been able so successfully to hospitalize the sick during the past winter lay in the fact that the beds customarily occupied by the venereally diseased were not filled and were therefore available for soldiers having pneumonia and measles. For the sake of both the sick and the well—the comrades of the man who has exposed himself to venereal infection—every measure should be employed to keep such a man



fit for his duties, regardless of his character. One of these measures is medical prophylaxis. It should be employed in justice to the men who do not expose themselves to venereal disease, whether they be on the firing step of the front line trenches or on the operating table in the hospital.

In some instances a soldier commits an immoral act who, at home and in his normal environment, lived a clean, wholesome life and whose conduct in the camp may be, for the most part, entirely blameless. The exceptional temptations which come to a man in uniform when on leave may be more than he can resist at the moment, in spite of all protective measures. He commits an immoral act, perhaps for the first time, as a result of the fact that he is living under conditions to which he is not accustomed. For this one lapse he may be damaged and do damage out of all proportion to the seriousness of his offense. For such a man the government has a special responsibility. Having called him to the service and placed him under difficult conditions and expected much of him, the army must prevent, so far as possible, any disaster resulting to him or to his future family because of the dangers of the service. His wounds and his disease should be attended to not only that he may be a good soldier now, but that he may be a good citizen and parent hereafter; not an indigent and a dependent. So medical prophylaxis should be given, just as wounds should be bound up, as an obligation of the government to the individual who takes moral and physical hazards, for the nation's safety.

The fact that a soldier is morally weak or vicious is not a reason for absence from his post of duty. A man who voluntarily incapacitates himself for service by cutting off a finger or shooting himself, is severely punished. He is not permitted voluntarily to take risks which may unfit him for service without incurring the penalties provided by military law. If, therefore, a soldier does not take the prophylactic treatment after having exposed himself to disease, he is punished for his failure, if it is proved against him. The evidence in the case is the disease and the lack of a record showing that early treatment has been given. The punishment is administered because the man wilfully, or at

least knowingly, jeopardized that which belongs to the army—health and ability to perform duties. But if the disease appears in spite of the early treatment, the soldier is deprived of his pay during the time he is absent from those duties which are rightly his.

This military procedure clearly has reference to the soldier's ability to perform his duties rather than to the morality of his conduct. Early treatment is a medical measure aimed to maintain the physical efficiency of the army. As such it should be judged. It has undoubtedly been an important factor in making the venereal rate of the American army the lowest among the mobilized armies of the world.

If we admit that there should be punishment for the offense of illicit sex relations we should still be obliged to administer medical prophylaxis; otherwise the venereal rate would ascend. But the surest and simplest evidence of sex immorality is the admission of the fact by the soldier in applying for prophylactic treatment. If, then, punishment were administered for illicit sex relations and men knew they would convict themselves in applying for such treatment, they would fail to apply and there would be a consequent increase in venereal disease.

Another type of evidence which might conceivably be used to convict men of illicit sex relations is actual infection with venereal disease. But if this evidence were used there would be an increase in the seriousness of disease owing to the fact that infections would be concealed until discovered through venereal inspection or until the symptoms became so painful as to make medical relief imperative.

Other kinds of evidence proving the act of sex immorality, or fornication, are difficult to secure—as difficult in the case of soldiers as of civilians. Comparatively few such cases are prosecuted to conviction in the civil courts of this country, and it is not easy to convict men in uniform of the same offense. In cases where the evidence is sufficient, a soldier is punished for sex offenses quite as rigorously as a civilian. The difference, then, lies in the fact that in the case of a civilian we can not use information secured through the application for prophylactic

treatment, whereas in the case of the soldier this information is available. But were this information used, it would undoubtedly prevent many men from applying for treatment under present conditions. Our only conclusion can be that punishment for sex immorality, based on the evidence which is usually obtainable in the records of prophylactic treatment or through actual development of the disease, would not only drive men away from medical prophylaxis, but also away from the treatment of the disease itself, unless the punishment for failing to report for early treatment were overwhelmingly greater than for sex immorality. In this case the penalty would be out of proportion to the offense as our civilization views it.

It seems clear that illicit sex relations on the part of soldiers are matters to be dealt with in the army as they are being dealt with; that is, through sound educational measures, through rigorous repression of opportunities for indulgence, and through healthful and attractive alternatives. Venereal disease uncontrolled results in great military disability and loss in efficiency. It must be dealt with as a medical problem. Medical prophylaxis must be given to keep men on the firing line, even though they be defective in morals or intelligence. It must be given in order to protect future wives and children from effects of war which can be avoided, to protect communities from burdens of dependency and disease that can be avoided, to protect the coming generation from long-continued, deep and far-reaching effects of a race poison that can be avoided. A healthier generation in the future, having less blindness, insanity, sterility, poverty, dependency and crime, will be more moral by reason of the fact that it has been given a better chance to live and thrive free from venereal disease. Failure on the part of the army to protect soldiers, fathers, and citizens of tomorrow from venereal disease by every practicable measure would, in the light of the facts, be an offense too great to be overlooked by posterity.

## A YEAR'S PROGRESS IN VENEREAL DISEASE CONTROL

GERTRUDE SEYMOUR

*Of the United States Public Health Service.*

In the issue of January, 1918, *SOCIAL HYGIENE* published, it will be remembered, a summary of public health activities in the field of social hygiene under the stimulus of war conditions, so far as records were available to the end of the year 1917.

This article by Dr. Paul B. Johnson, Council of National Defense, sketched the development of what is now known as the government's campaign, briefly indicated the new importance of the work as revealed by medical examinations of drafted men, and outlined the work of various conferences and commissions specially appointed to consider the conditions in each state as they might bear upon the welfare of the soldiers encamped within the area.

At the time that this article was published, twenty-two states required the reporting of venereal diseases. Throughout these twenty-two states whose activities are briefly summarized in the article referred to, much variety is evident in standards, methods of procedure, and general legislation of the more social type, which has an important bearing upon the control of venereal diseases.

It was a logical development from this lack of uniformity in legislation that early in the year there appeared what might be called a "model law" to serve as a board of health regulation, or still better, as a state law for the control of venereal diseases. This draft of suggested legislation is the result of study by lawyers experienced in this special field of social hygiene, of health officers bringing to the task no less a practical experience, and of naval, military, and Public Health Service officials.

In its final form, the draft appeared under a caption indicating the approval of the three government departments concerned—

Army, Navy, and Public Health Service. The law suggested is as follows:—

**SUGGESTIONS FOR STATE BOARD OF HEALTH REGULATIONS FOR THE PREVENTION OF VENEREAL DISEASES<sup>1</sup>**

Approved by—

Surgeon General of the Army.

Surgeon General of the Navy.

Surgeon General of the Public Health Service.

*Venereal diseases declared dangerous to the public health.* Syphilis, gonorrhea, and chancroid, hereinafter designated venereal diseases, are hereby declared to be contagious, infectious, communicable, and dangerous to the public health.

*Rule 1. Venereal diseases to be reported.* Any physician or other person who makes a diagnosis in, or treats, a case of syphilis, gonorrhea, or chancroid, and every superintendent or manager of a hospital, dispensary, or charitable or penal institution, in which there is a case of venereal disease, shall report such case immediately in writing to the local health officer, stating the name and address or the office number, age, sex, color, and occupation, of the diseased person, and the date of onset of the disease, and the probable source of the infection, provided that the name and address of the diseased person need not be stated except as hereinafter specifically required. The report shall be inclosed in a sealed envelope and sent to the local health officer, who shall report weekly<sup>2</sup> on the prescribed form to the State Board of Health, all cases reported to him.

*Rule 2. Patients to be given information.* It shall be the duty of every physician and of every other person who examines or treats a person having syphilis, gonorrhea, or chancroid, to instruct him in measures for preventing the spread of such disease, and inform him of the necessity for treatment until cured, and to hand him a copy of the circular of information obtainable for this purpose from the State Board of Health.

*Rule 3. Investigation of cases.* All city, county, and other local health officers shall use every available means to ascertain the existence of, and to investigate, all cases of syphilis, gonorrhea, and chancroid within their several territorial jurisdictions, and to ascertain the sources of such infections. Local health officers are hereby empowered and directed to make such examinations of persons reasonably suspected of having syphilis, gonorrhea, or chancroid, as may be necessary for carrying out these regulations. Owing to the prevalence of such diseases among prostitutes and persons associated with them, all such persons are to be considered within the above class.

*Rule 4.—Protection of others from infection by venereally diseased persons.* Upon receipt of a report of a case of venereal disease it shall be the duty of the local health officer to institute measures for the protection of other persons from infection by such venereally diseased person.

<sup>1</sup> Reprint from the Public Health Reports, vol. 33, No. 13, Mar. 29, 1918, pp. 435-439.

<sup>2</sup> Substitute period required for other communicable diseases.

(a) Local health officers are authorized and directed to quarantine persons who have, or are reasonably suspected of having syphilis, gonorrhea, or chancroid whenever, in the opinion of said local health officer, or the State Board of Health, or its secretary, quarantine is necessary for the protection of the public health. In establishing quarantine the health officer shall designate and define the limits of the area in which the person known to have, or reasonably suspected of having, syphilis, gonorrhea, or chancroid and his immediate attendant are to be quarantined and no persons other than the attending physicians shall enter or leave the area of quarantine without the permission of the local health officer.

No one but the local health officer shall terminate said quarantine, and this shall not be done until the diseased person has become noninfectious, as determined by the local health officer or his authorized deputy through the clinical examination and all necessary laboratory tests, or until permission has been given him so to do by the State Board of Health or its secretary.

(b) The local health officer shall inform all persons who are about to be released from quarantine for venereal disease, in case they are not cured, what further treatment should be taken to complete their cure. Any person not cured before release from quarantine shall be required to sign the following statement after the blank spaces have been filled to the satisfaction of the health officer:—

I, ....., residing at ....., hereby acknowledge the fact that I am at this time infected with ....., and agree to place myself under the medical care of ....., within ..... hours,

(Name of physician or clinic).....(Address).....

and that I will remain under treatment of said physician or clinic until released by the health officer of ....., or until my case is transferred with the approval of said health officer to another regularly licensed physician or an approved clinic.

I hereby agree to report to the health officer within four days after beginning treatment as above agreed, and will bring with me a statement from the above physician or clinic of the medical treatment applied in my case, and thereafter will report as often as may be demanded of me by the health officer.

I agree, further, that I will take all precautions recommended by the health officer to prevent the spread of the above disease to other persons, and that I will not perform any act which would expose other persons to the above disease.

I agree, until finally released by the health officer, to notify him of any change of address and to obtain his consent before moving my abode outside his jurisdiction.

.....  
Signature.

.....  
Date.

All persons signing the above agreement shall observe its provisions, and any failure so to do shall be a violation of these regulations. All such agreements shall be filed with the health officer and kept inaccessible to the public as provided in rule 10.

**Rule 5.—Conditions under which the name of a patient is required to be reported.** (a) When a person applies to a physician or other person for the diagnosis or treatment of syphilis, gonorrhea, or chancroid, it shall be the duty of the physician or person so consulted to inquire of and ascertain from the person seeking such diagnosis or treatment whether such person has heretofore consulted with or has been treated by any other physician

or person and, if so, to ascertain the name and address of the physician or person last consulted. It shall be the duty of the applicant for diagnosis or treatment to furnish this information, and a refusal to do so or a falsification of the name and address of such physician or person consulted by such applicant shall be deemed a violation of these regulations. It shall be the duty of the physician or other person whom the applicant consults to notify the physician or other person last consulted of the change of advisers. Should the physician or person previously consulted fail to receive such notice within ten days after the last date upon which the patient was instructed by him to appear, it shall be the duty of such physician or person to report to the local health officer the name and address of such venereally diseased person.

(b) If an attending physician or other person knows or has good reason to suspect that a person having syphilis, gonorrhea, or chancroid is so conducting himself or herself as to expose other persons to infection, or is about so to conduct himself or herself, he shall notify the local health officer of the name and address of the diseased person and the essential facts in the case.

*Rule 6.—Druggists forbidden to prescribe for venereal diseases.* No druggist or other person not a physician licensed under the laws of the state shall prescribe or recommend to any person any drugs, medicines, or other substances to be used for the cure or alleviation of gonorrhea, syphilis, or chancroid, or shall compound any drugs or medicines for said purpose from any written formula or order not written for the person for whom the drugs or medicines are compounded and not signed by a physician licensed under the laws of the state.

*Rule 7. Spread of venereal disease unlawful.* It shall be a violation of these regulations for any infected person knowingly to expose another person to infection with any of the said venereal diseases or for any person to perform an act which exposes another person to infection with venereal disease.

*Rule 8. Prostitution to be repressed.* Prostitution is hereby declared to be a prolific source of syphilis, gonorrhea, and chancroid, and the repression of prostitution is declared to be a public-health measure. All local and state health officers are therefore directed to cooperate with the proper officials whose duty it is to enforce laws directed against prostitution and otherwise to use every proper means for the repression of prostitution.

*Rule 9. Giving certificates of freedom from venereal diseases prohibited.* Physicians, health officers, and all other persons are prohibited from issuing certificates of freedom from venereal disease, provided this rule shall not prevent the issuance of necessary statements of freedom from infectious diseases written in such form or given under such safeguards that their use in solicitation for sexual intercourse would be impossible.

*Rule 10. Records to be secret.* All information and reports concerning persons infected with venereal diseases shall be inaccessible to the public except in so far as publicity may attend the performance of the duties imposed by these regulations and by the laws of the state.

## NOTES AND SUGGESTIONS

*Note 1.* A rule providing penalties for violation of these regulations should be added if penalties are not specified by statute. It is thought preferable that the statute should prescribe a penalty for violation of regulations of the state board of health. In any case the state law should be examined to make sure that it either prescribes penalties or gives the state board of health power to do so. The statutes should also give the state board of health the powers suggested by the following wording: "The state board of health shall have the power to make such regulations concerning venereal diseases, including the reporting thereof and quarantine of infected persons, as it may from time to time deem advisable."

*Note 2.* It is recommended that provision for intensive treatment in suitable hospitals while patients are under quarantine shall be made by the municipalities, counties, or the state at public expense, and that adequate hospitals and clinic facilities of high standards shall be made available to voluntary and compulsory patients.

*Note 3.* For the enforcement of these regulations it is recommended that states establish bureaus or divisions of venereal diseases under the state boards of health and appropriate the necessary funds.

*Note 4.* The issuance of arsphenamine or equivalents to health officers, institutions, and physicians at state expense under suitable restrictions is a valuable measure for preventing syphilis, as these substances render cases of syphilis noninfectious in the shortest possible time.

*Note 5.* Provision should be made for the examination of prisoners for venereal diseases and their treatment. If they are still infectious when their prison terms have expired, they should be quarantined and treated until they can be released with safety to the public health.

*Note 6.* Laboratory tests for syphilis and gonorrhea should be made for physicians by the laboratories of the state board of health and the health departments of large cities.

*Note 7.* Due provision should be made for follow-up work and social service in connection with the prevention of venereal diseases.

*Note 8.* Institutions are needed for the segregation of persons who are, or are almost certain to become, venereal-disease carriers and who can not be adequately controlled in any other way. Sufficient provision for the segregation of the feeble-minded is most important.

*Note 9.* It is recommended that the "floating" or "passing on" of persons having venereal disease from one community to another be prevented.

*Note 10.* It is suggested that the bureau of venereal diseases carry on a campaign of public education in venereal-disease prevention, and in the conditions responsible for the dissemination of venereal diseases.

This law, if not in full, at least in its main points, has now been passed in forty-two states. In some states the reporting of venereal diseases is made to the local health officer; in some, to



the state health officer. In some states the compulsory reporting is entirely by a number; in others by name from the first. The requirement, traceable of course to the Western Australia legislation, that a patient whose case is reported by number shall be made known to the authorities by name and address if he fails to continue treatment, is conspicuous in the legislation of this country. The following are the forty-two states just referred to:—

Alabama	Louisiana	North Dakota
Arizona	Maine	Ohio*
Arkansas	Maryland*	Oklahoma
California	Massachusetts	Oregon
Colorado*	Michigan	Rhode Island
Connecticut	Minnesota	South Carolina
Delaware	Mississippi	South Dakota
Florida	Montana	Texas
Georgia	Nebraska	Vermont*
Illinois	Nevada	Virginia
Indiana*	New Hampshire	Washington
Iowa	New Jersey*	West Virginia
Kansas	New York	Wisconsin
Kentucky	North Carolina	Wyoming

\* Reportable by name in all cases. Other states provide for reporting by serial number.

Parallel with this striking advance in legislation is the development of facilities for intensive treatment and education both of patients and of public. Special bureaus for administering the campaign against venereal diseases, or else special sections in the already existing division of communicable diseases in state departments of health, are reported from the following states:—

Alabama	Kansas	Ohio
Arizona	Kentucky	Oklahoma
Arkansas	Louisiana	Oregon
California	Maine	Rhode Island
Colorado	Maryland	South Carolina
Connecticut	Massachusetts	South Dakota
Delaware	Minnesota	Texas
Florida	Mississippi	Virginia
Georgia	Montana	Washington
Illinois	New Hampshire	Wisconsin
Indiana	New Jersey	Wyoming
Iowa	New York	

To these bureaus or sections in divisions of communicable diseases belong, in addition to public education, the records of reported cases, the creation and supervision of clinic work and reports from clinics and also social service work through clinics or otherwise. The choice of location for a clinic and the number of clinics needed has depended of course primarily upon the military conditions of the various states.

No less important a consideration is the density of population in the different states. The problem of Massachusetts and New York is essentially different from that of Montana and Oklahoma. Massachusetts has arranged for sixteen clinics, at least thirteen of which are, at the date of writing, in active operation. From some of the western states with scattered population has come the suggestion of traveling clinics. Such clinics have been tried with success in England, and, it will be recalled, also in this country during the poliomyelitis epidemic for the work of after-care.

Significant in the organization of clinics is the place of social service; not only for the practical purpose of rehabilitation, to use a technical term, for securing to the women and girls who desire it the chance to learn a new trade, to earn a livelihood by some other means than prostitution; or more often to begin again after the first misstep through ignorance or deception. The social service workers are being depended upon, furthermore, for advice in connection with various courts. The circumstances under which a girl or woman is arrested, her mental status, her ability to earn or learn, all these are decisive factors in the decision rendered by the judge on the individual case.

Another striking feature of the history of this year is the part played by federal health authorities in this campaign.

To the limit of personnel and of financial equipment, the Public Health Service shared in the task of the campaign throughout the early spring. It recalled to headquarters several of its most experienced officers and appointed a number of physicians and sanitarians to special duty.

Meantime, there had come into final form, after much consideration and revision, the bill known as the Chamberlain-Kahn

bill, the first draft of which was prepared by the Committee on Civilian Coöperation in Combating Venereal Diseases of the Council of National Defense, a committee continuing until the end of April, 1918.

The Chamberlain-Kahn bill passed as a section of the Army Appropriations bill early in July. The provisions of this bill are described elsewhere in this issue.<sup>3</sup>

Of the provisions of the bill, several have already become operative.

There was at once created a Division of Venereal Diseases in the United States Public Health Service. This division organized promptly a medical section to assist in the location and organization of clinics, the provision of material therefor, and a set of standards not only of personnel and of treatment, but of statistical report and the report of other details essential to presenting to headquarters a well-rounded view of the entire work.

The division organized also a section on education, elsewhere described in this issue. Further organization at headquarters will, it is expected, follow as rapidly as possible. There has just been opened, for instance, a library which shall be the headquarters for all information on work for the control of venereal diseases in this and other countries. This information will, it is hoped, concern not only the public health campaign in itself, but will also refer to research on the various problems, medical and social, involved.

Apportionment of money to institutions for medical and sociological research is under consideration by the Interdepartmental Social Hygiene Board and will be made as soon as possible.

Allotment of moneys to state departments of health for the venereal disease campaign is almost completed. Allotment, it will be recalled, is upon a population basis and constitutes this year federal grant; to receive the allotment in 1919 the state will be required to appropriate from its own funds a similar amount.

<sup>3</sup>See page 17.

The states receiving this allotment and the amount of their allotments are as follows:—

STATE	AMOUNT PAID TO EACH	STATE	AMOUNT PAID TO EACH
Alabama .....	\$23,247.15	Montana .....	\$4,088.76
Arizona .....	2,221.95	Nebraska .....	12,962.79
Arkansas .....	17,117.43	Nevada .....	890.22
California .....	25,850.72	New Hampshire .....	4,681.54
Colorado .....	8,687.66	New Jersey .....	27,586.61
Connecticut .....	12,120.57	New York .....	99,090.89
Delaware .....	2,199.81	North Carolina .....	23,988.94
Florida .....	8,182.47	North Dakota .....	6,274.30
Georgia .....	28,368.56	Ohio .....	51,832.61
Illinois .....	61,308.38	Oklahoma .....	18,017.23
Indiana .....	29,366.62	Oregon .....	7,315.04
Iowa .....	24,194.56	Rhode Island .....	5,899.80
Kansas .....	18,385.42	South Carolina .....	16,476.71
Kentucky .....	24,897.77	South Dakota .....	6,384.61
Louisiana .....	18,008.89	Texas .....	42,367.08
Maine .....	8,071.80	Vermont .....	3,870.31
Maryland .....	14,084.18	Virginia .....	22,415.90
Massachusetts .....	36,603.94	Washington .....	12,416.85
Michigan .....	30,555.01	West Virginia .....	13,277.04
Minnesota .....	22,569.18	Wisconsin .....	25,375.70
Mississippi .....	19,540.22	Wyoming .....	1,587.05

The conditions under which the departments of health in these states received their allotments were defined by the Secretary of the Treasury as follows:—

State boards or departments of health receiving their respective allotments shall agree to the following coöperative measures under which their appropriation shall be expended:—

1. Put into operation through a legislative enactment or a state board of health regulation having the effect of law, regulations in conformity with the suggestions approved by the Surgeons General of the Army, Navy, and United States Public Health Service, for the prevention of venereal diseases. The minimum requirements of these rules are:—

(a) Venereal diseases must be reported to the local health authorities in accordance with state regulations approved by the United States Public Health Service.

(b) Penalty to be imposed upon physicians or others required to report venereal infections for failure to do so.

(c) Cases to be investigated, so far as practicable, to discover and control sources of infection.

(d) The spread of venereal diseases should be declared unlawful.

(e) Provision to be made for control of infected persons that do not coöperate in protecting others from infection.

(f) The travel of venereally infected persons within the state to be controlled by state boards of health by definite regulations that will conform in general to the interstate regulations to be established.

(g) Patients to be given a printed circular of instructions informing them of the necessity of measures to prevent the spread of infection and of the importance of continuing treatment.

2. An officer of the Public Health Service shall be assigned to each state receiving allotments for the general purpose of coöperating with the state health officer in supervising the venereal-control work in the state. This officer to be selected by the state health authorities and to be approved and recommended for appointment by the Surgeon General of the Public Health Service. The salary of this officer will be paid by the state out of the funds made available from the allotment, except a nominal sum of \$10 per month, which will be paid by the United States Public Health Service. In those states where a bureau of venereal diseases has already been established, with a full-time medical officer in charge, the present incumbent may be recommended for appointment by the state health officer, and, with the approval of the Surgeon General, United States Public Health Service, he will be appointed as an officer of the Public Health Service. The general plan of work for the state bureau of venereal diseases will be:—

(a) Securing reports of venereal infections from physicians and others required to report, in accordance with state laws.

(b) Suppressive measures, including the isolation and treatment in detention hospitals of infected persons who are unable or unwilling to take measures to prevent themselves becoming a menace to others, the establishment of free clinics for the treatment of venereal diseases, and the elimination of conditions favorable to the spread of venereal infections.

(c) Extension of facilities for early diagnosis and treatment through laboratory facilities for exact diagnosis and scientific determination of condition before release as noninfectious, in accordance with the standardized procedure that will be prescribed by the United States Public Health Service.

(d) Educational measures to include informing the general public, as well as infected individuals, in regard to the nature and manner of spread of venereal diseases and the measures that should be taken to combat them.

(e) Coöperation with local civil authorities in their efforts to suppress public and clandestine prostitution. The clinics referred to under (b) will form centers from which the other measures may be conducted by discovering the presence of infections, the securing of data for enforcing the regulations for reporting these diseases, and the institution of educational measures appropriate to particular communities. The immediate reduction in venereal disease foci resulting from clinic treatment will result in a marked decrease in the prevalence of such diseases in both the military and civil population.

(f) Accurate detailed records must be kept of all the activities of the venereal-disease work. These will include careful records of each case treated, amount of arsphenamine used, final results, and disposition made of patients. Copies of these records must be forwarded to the Surgeon General, United States Public Health Service, as a report at such intervals as they may be requested, and in accordance with instructions regarding the form of report.

3. Local funds that may be available, or that may become available from legislative appropriations or any other source for venereal-disease control, shall be used by the state or city health authorities having jurisdiction for the extension of the work, and such local funds must not be conserved through the expenditure of the funds that are allotted by the Congress through the United States Public Health Service.

4. In extension of the educational measures the state's health authorities and its bureau of venereal diseases shall exert their efforts and influence for the organization of a state venereal-disease committee that will be unofficial in character, but a valuable coöperative agency for furthering the comprehensive plan for nation-wide venereal-disease control.

5. The state health authorities shall take such measures as may be found practicable and decided upon in conference between the Public Health Service and state board of health representatives for the purpose of securing such additional legislation as may be required for the development of control of the spread of venereal infections. Action shall be taken to limit or suppress the activities of advertising "specialists" and quacks by prosecuting them under state laws, or such other measures as may be applicable and effective.

6. In expending the sum allotted a state, the rules and regulations to be promulgated by the Interdepartmental Social Hygiene Board for the expenditure of the \$1,000,000 civilian quarantine and isolation fund under control of the Secretary of War and Secretary of the Navy shall be given consideration by Public Health Service and state board of health representatives, so that the military necessities of each particular state may receive the consideration due its relative importance, and so that funds from the two sources may be correlated.

7. The state allotment shall be expended along general standard lines for all states and in accordance with an accounting system, to be forwarded by the Interdepartmental Social Hygiene Board, approximately as follows:—

(a) For treatment of infected persons in hospitals, clinics, and other institutions, including arsphenamine and other drugs, fifty per cent of the allotment.

(b) In carrying out educational measures, twenty per cent.

(c) In carrying out repressive measures, twenty per cent.

(d) In general administration and other activities of venereal-disease control work, ten per cent.

(This distribution is provisional and subject to modification after conference and agreement between each state and the United States Public Health Service to best meet the needs of the particular state.)

8. In carrying out the general government program the administrative organization of the United States Public Health Service will be available at all times to state organizations in coöperative work, and assistance will be given to states whenever possible through the detail of employees, the securing of arsphenamine, providing literature for the educational measures and in such other ways as may be found practicable as the work develops.

W. G. McADOO,  
*Secretary of the Treasury.*

WASHINGTON, D. C., *September 4, 1918.*

The relationship between individual state boards of health and the Division of Venereal Diseases is distinctly one of co-operation. The attitude of the service is not to assume responsibility for the development of the venereal disease program as a federal agency but rather to assist and strengthen the state boards of health in developing their own programs. Thus better than by attempting to carry on the work as a federal activity, the community coöperation necessary to permanence of results will be achieved.

Each state accepting the coöperation of this division has assigned to it a commissioned officer of the Public Health Service who works under the direction of the state department. These officers are carefully selected by the state and Service and are joint appointees and representatives of both state and Service.

Before the appropriation of funds made the extension of such a plan feasible, two states—North Carolina and Kansas—had arranged to have representatives from the office of the Surgeon General of the Army to coöperate in the venereal disease program. The other states to which an officer of the Service is now assigned have been indicated on another page.

An outline of the state-wide program for preventing venereal disease which appeared in the *Public Health Reports* last spring has become practically a text-book of the campaign. It is worth while, therefore, to summarize the plan there offered realizing that it tells in brief form the work now in progress in many states.

Recognizing the tremendous social and economic losses resulting from venereal diseases even in times of peace, the program has been intensified and accelerated by the extraordinary conditions arising out of the war. The war motive has been the control of disease in the entire civilian population for the sake of protecting not only soldiers and sailors, but the industrial army as well—the men behind the men behind the guns. The peace motive is the prevention of venereal disease in order to save the race and the country from the ravages of this social menace, as well as to increase national efficiency, that this country may maintain its proper place among the great world powers.

Complex indeed must be a campaign against these diseases. It includes moral, social, and economic phases, in which the health officer can assist, but which are best directed by other agencies. It includes also definitely suppressive methods which are directly within the powers and duties of the health officer.

The program as a whole necessitates, first, measures which require money but no additional legislation; and second, measures which require legislation.

I. Measures of the first group concern the establishment of facilities for free diagnosis and free treatment. For diagnosis there are needed Wassermann laboratories—with branch laboratories in each city or suitable parts of the state. A chain of dispensaries is needed in order that treatment may be afforded to the entire state. These dispensaries should be established in connection with existing institutions in order that undue emphasis upon the nature of the work may be avoided. The standards for these dispensaries include sufficient personnel, adequate diagnosis, treatment, and follow-up service.

The states which have already arranged for venereal disease clinics as part of machinery for control under joint auspices of state health departments and the United States Public Health Service, and the proposed locations of the clinics are given below. In many of these places the clinics were in active operation in December, 1917.



ALABAMA: Birmingham, Mobile.

ARKANSAS: Fort Smith, Pine Bluff, Helena, Jonesboro, Texarkana, Hot Springs.

COLORADO: Denver.

CONNECTICUT: Hartford, New Haven, Waterbury.

FLORIDA: Tampa.

GEORGIA: Americus, Brunswick, Athens, Albany, Columbus, Dublin, Savannah.

INDIANA: Indianapolis, Fort Wayne, Evansville, New Albany, South Bend, Terra Haute, Muncie, Jeffersonville, Gary.

IOWA: Sioux City, Waterloo, Council Bluffs, Marshalltown, Clinton.

KANSAS: Wichita, Rosedale.

LOUISIANA: New Orleans, Shreveport, Monroe, Baton Rouge, Lafayette, Morgan City.

MARYLAND: Baltimore.

MASSACHUSETTS: Pittsfield, Boston.

MINNESOTA: St. Paul.

MONTANA: Helena, Butte, Billings, Great Falls, Livingston.

MISSISSIPPI: Gulfport, Pascagoula, Moss Point, Jackson, Biloxi, Vicksburg.

NEW JERSEY: Trenton, Camden, Paterson, New Brunswick, Newark, Atlantic City, Perth Amboy, Elizabeth, Jersey City, Hackensack, Phillipsburg, Clinton, Mt. Holly, Lakewood, Asbury Park.

OHIO: Youngstown, Cleveland, Toledo, Cincinnati, Akron, Columbus, Springfield.

OREGON: Portland.

SOUTH CAROLINA: Charleston.

TEXAS: Galveston.

VERMONT: Burlington.

VIRGINIA: Richmond.

WASHINGTON: Seattle, Tacoma, Vancouver, Aberdeen, Everett, Bellingham, Yakima, Spokane, Walla Walla, Puget Sound, Navy Yard, Birmerton.

The foregoing list does not include any of the twenty-five extra cantonment clinics operated jointly by the American Red Cross and the United States Public Health Service at the following places:—

Alexandria, La.

Anniston, Ala.

Atlanta, Ga.

Augusta, Ga.

Chattanooga, Tenn.

Charlotte, N. C.

Chillicothe, Ohio

Columbia, S. C.

Des Moines, Iowa

El Paso, Tex.

Forth Worth, Texas

Greenville, S. C.

Hattiesburg, Miss.

Houston, Texas

Jacksonville, Fla.

Leavenworth, Ky.

Louisville, Ky.

Macon, Ga.

Montgomery, Ala.

Newport News, Va.

Petersburg, Va.

Portsmouth, Va.

San Antonio, Texas

Spartanburg, S. C.

Waco, Texas

Furnishing of free arsphenamine (salvarsan) for use through

these clinics is dependent upon the recognition and maintenance of adequate standards.

When the question arises as to how an approved clinic may be established in the midst of a community, the prompt answer is, "Let the district or local officer start a campaign."

"Experience has proved that frequently it takes but a single meeting with the officials and leading citizens of a town to secure the funds necessary to organize a clinic and begin work. Clinics in themselves, too, have a very great educational value. Conversely, public education on the venereal diseases immediately leads many people to seek treatment, and it is of the highest importance that adequate facilities for treatment should be ready for them." The officer is supposed to know his local conditions and modify his procedure according to his knowledge of the individual circumstances. Various groups in the community should be interested and their support enlisted. Such groups include: local board of health, local medical profession, city officials (especially the mayor), local committees on public safety, large manufacturers, all organizations interested in public health, religious bodies, chambers of commerce, boards of trade, etc., hospital management and boards, local district nursing organizations, local druggists' organizations, the press, educators, and labor organizations.

The hearty backing of the people of the state will make it possible to pass additional laws and ordinances, if needed, and to enforce them, and to secure funds for clinics, hospitals, detention homes, and the necessary educational and law-enforcement work. The community will respond to any exaggerated statements of fact but the facts need no exaggeration, and the story of the need and of the campaign itself, properly presented, does not fail to meet with response.

The preventive value of clinics both as a means of removing actual foci of infection and as a means of educating the patient himself and his family and community in this matter, are being emphasized and illustrated as the campaign progresses.

## II. Measures which require legislation include the reporting

of venereal diseases, the elimination of quacks and charlatans, preventing treatment of venereal cases by drug clerks, and the examination and treatment of prisoners. On these points an increasingly large number of states are securing state laws. In a few the work is still under board of health regulations.

Authority for examination and treatment of prisoners was abundantly cited by Attorney General Gregory in one of his communications to the federal judges of the country. Said the Attorney General:—

The constitutional right of the community, in the interest of public health, to ascertain the existence of infectious and communicable diseases in its midst and to isolate or quarantine such cases or take other steps necessary to prevent the spread of the disease, is clear. Mr. Tiedemann in his well known treatise on the Police Power, says:—

The right of the state, through its proper officer, to place in confinement and to subject to regular medical treatment those who are suffering from some contagious or infectious disease, on account of the danger to which the public would be exposed if they were permitted to go at large, is so free from doubt that it has been rarely questioned. The danger to the public health is a sufficient ground for the exercise of police power in restraint of the liberty of such persons. This right is not only recognized in cases where the patient would otherwise suffer from neglect, but also where he would have the proper attention at the hands of his relatives. While humanitarian impulses would prompt such interference for the benefit of the homeless, the power to confine and to subject by force to medical treatment those who are afflicted with a contagious or infectious disease, rests upon the danger to the public, and it can be exercised, even to the extent of transporting to a common hospital or lazaretto those who are properly cared for by friends or relatives, if the public safety should require it. (Tiedemann on *State and Federal Control of Persons and Property*. Vol. 1., Sec. 44.)

The Attorney General further refers to Black's Constitutional Law for similar opinion:—

The preservation of the public health is one of the chief objects for which the police power may lawfully be exercised. Quarantine laws established by the states furnish an illustration of the highly important application of the power to this purpose. Such laws are within the police powers of the states. And in the further discharge of the states duty to prevent the introduction and spread of epidemics, it is competent to pro-

vide public hospitals or lazarettos in proper places, for the treatment of dangerous, infectious, or contagious diseases, and to require the removal to such hospitals of all persons found to be suffering from such diseases, even in cases where it is probable that that patient himself would be properly cared for by his friends. (Black's Const. Law, 3d Ed., p. 399.)

And again, from the same authority:—

Danger to public health has always been regarded as a sufficient ground for the exercise of police power in restraint of a person's liberty. The right of a state to enforce quarantine laws in the interest of public health, or to abate nuisances which are of a character likely to injure the health of a community, has rarely ever been questioned. . . . It seems that medical and surgical treatment can be prescribed, against the consent of the individual, as a preventive of contagious and infectious diseases.

The prevention of haphazard treatment of patients in drug stores has been greatly furthered by such action as that early in the year by Michigan drug firms, and this fall by a drug organization of national extent, which not only expressed its sympathy with the principles of the campaign, but promised to discontinue selling its stock patent medicines and to give instead to every individual asking for these remedies a pamphlet enclosed in an envelope describing the real nature of the disease and urging his consultation of a reliable physician either in private practice or in an approved clinic.

The elimination of quacks and charlatans is, of course, one of the inevitable results of general scientific education of the people and such coöperation as this just mentioned, by drug firms.

Concerning the value of reporting venereal diseases, the experience of this past year is, it would seem, sufficient demonstration. Whether no other argument on behalf of reporting is given save that of the desperately inadequate information at present concerning the extent of syphilis and gonorrhea—this lack of statistical evidence alone surely should suffice.

Finally, brief reference must be made to the part played by civilian organizations in this program—a part which is both important and practical.

A large share of publicity and education has been voluntarily borne by newspapers in general and such special types of newspapers as that of trade union organizations, and magazines of an

exceedingly wide range—commercial, home, religious, etc. The importance of the work has been recognized by national clubs and organizations assembled in conferences or at special meetings, and government publications on this subject have been distributed through the coöperation of leaders by hundreds of thousands.

Another type of coöperation in civilian communities is that in connection with the efforts for reclaiming and rehabilitating the women and girls who come under observation, sometimes prostitutes, sometimes girls who have been drawn into the experience through deception, allurements of "positions" paying higher wages, or the desire of a change from the monotony of work and unhomelike surroundings.

The program assigns to health officers and physicians the physical welfare of the community and of the treatment of the individual. It assigns to legislators, jurists, and lawyers the responsibility for adequate legal authority and constructive court procedure.

From the civilian community at large must come the public opinion which shall not only stimulate and make permanent developments upon these two lines, but also provide facilities for the proper detention of women and girls; the detention of mentally retarded individuals; the re-education of those who wish to learn, and the provision of the necessary social opportunities which alone can restore them to self-respect and service in the civil life; and back of all, the sane and sure ideals, personal, civic and national, on which the future depends.

## SOCIAL HYGIENE LEGISLATION IN 1917<sup>1</sup>

JOSEPH MAYER

### SUMMARY OF BILLS BEARING UPON SOCIAL HYGIENE, INTRODUCED INTO THE LEGISLATURES (FORTY-FOUR IN ALL) OF THE SEVERAL STATES AND TERRITORIES HAVING SESSIONS IN 1917.

The past decade has witnessed a remarkable change in standards of vice control in the United States.<sup>2</sup> Segregation and toleration—the standards of ten years ago—have been replaced by repression and prevention. How fast this change has been occurring is very clearly brought out by an examination of the enactments of state legislatures in recent years on the subject of social hygiene. The year 1917 shows a phenomenal advance in this respect. Comparison should be made not with 1916 (which was an off year for the meeting of state legislatures), but with 1915,<sup>3</sup> which showed a decided advance over preceding years.

On facing page is given a table covering social hygiene legislation by states for 1917, and following here will be found a summary of the actual measures involved. During the 1917 legislative sessions forty-four jurisdictions passed social hygiene measures, and nearly three hundred bills (or an average of seven per state) were introduced, of which over one hundred and sixty (or an average of about four per state) were enacted into law. Wisconsin led by introducing thirty-six bills, and New York came second with seventeen, but out of the seventeen submitted the latter state passed only three. Wisconsin passed fourteen. Minnesota submitted thirteen and passed twelve. North Carolina and Oregon each passed ten out of twelve and eleven respectively.

<sup>1</sup> For 1916 legislation see *SOCIAL HYGIENE*, Vol. III, No. 2, April, 1917, p. 253.

<sup>2</sup> Cf. Article by the author on "The Passing of Segregation," *SOCIAL HYGIENE*, Vol. IV, No. 2, April, 1918, p. 197.

<sup>3</sup> Cf. "Social Hygiene Legislation in 1915," *SOCIAL HYGIENE*, Vol. II, No. 2, April, 1916, p. 245.

Note the totals shown in the table. The left-hand vertical summaries give a comparison between the number of bills introduced and laws enacted with reference to subjects. The lower horizontal summaries perform a similar function with reference to states.

The table, through the headings and sub-headings, gives a clear idea of what subjects<sup>4</sup> were dealt with, and a brief examination enables us to determine what the tendency in such legislation is. Thirty-eight measures were introduced relating to commercialized vice. Of these, fourteen referred to the Injunction and Abatement law, eight were against pimping, pandering, and white slavery, ten had to do with vice resorts and allied places, and five with such miscellaneous provisions as prohibiting grafting or the abolition of the fining system. Eighteen referred to state reformatories and homes for girls and women. These included industrial schools, farms, and detention places.

Thirty-one bills against sex offenses were introduced. Eleven related to adultery, fornication, and lasciviousness; twelve to age of consent and carnal knowledge; and eight were against such offenses as incest, rape, sodomy, and seduction.

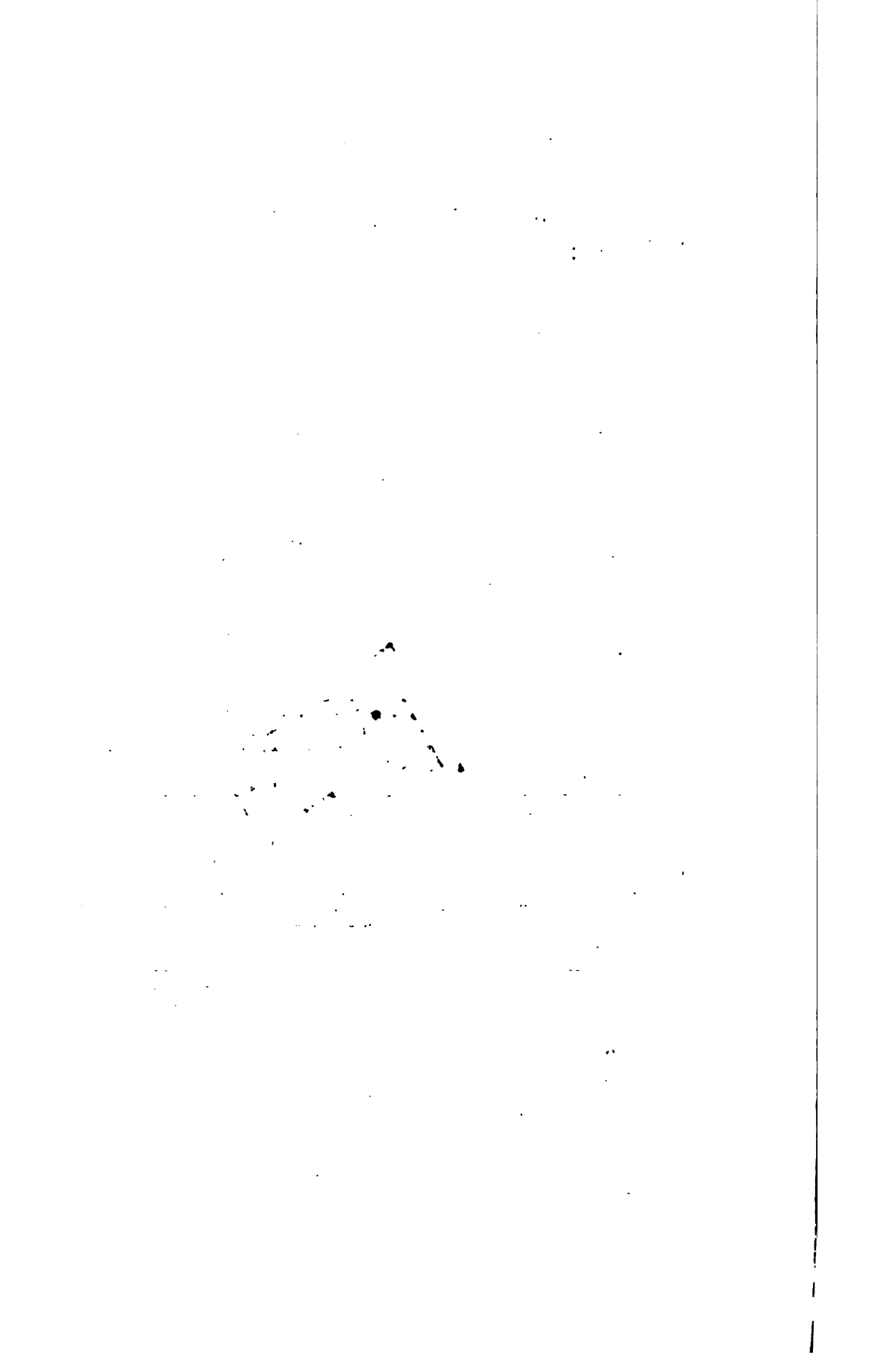
Thirty-six bills referring to amusements, pictures, literature, and recreation were presented. Of these, eleven were for the purpose of regulating amusement places and dance halls and of establishing community and recreation centers, and fifteen prohibited immoral and indecent shows and motion pictures and obscene literature.

Medical measures received considerable attention, sixty-six being introduced and thirty-nine passing into law. Eighteen referred to the compulsory reporting of venereal diseases, four prohibited fake-cure advertisements, sixteen related to making venereal disease a bar to marriage or requiring a marriage health certificate, thirteen referred to clinics or means of quarantine and control, six provided for the sterilization of defectives and the

<sup>4</sup>This grouping includes some subjects only remotely related to social hygiene but which have not been brought together in convenient form in other places. Other related subjects, as feeble-mindedness in general, are omitted because references to them may be found elsewhere.

[illegible]





feeble-minded, and nine covered miscellaneous subjects such as the licensing of mid-wives, forcing the evacuation of unsanitary dwellings, providing for free diagnosis and serum and for the investigation and dissemination of knowledge of venereal disease perils.

But by far the greatest amount of legislation proposed and enacted related to the protection of children, girls, and women, about one hundred bills being introduced, of which seventy-one passed into law. Thirty-six related to child welfare and mother's pensions (providing for the support of dependent, destitute, neglected, and homeless children); seventeen pertained to desertion, illegitimacy, and failure to support; twenty-six provided for the detention and care of defective and delinquent children and girls; and nineteen restricted or regulated the employment of women and minors, provided for their protection and comfort at work, and established a standard or minimum wage. In addition to these measures a number were passed that dealt more strictly with industrial matters and have for that reason not been included here.

And just as children and women received unusual legislative attention, public welfare in general and sex education received practically none. Seven bills were introduced and only three passed into law.

In studying this table it must be borne in mind that a number of social hygiene subjects are not covered at all by state law, but are left for the municipalities to regulate through city ordinances or through the regulations of various boards, commissions, or departments. There is an increasing tendency to delegate regulatory powers to special boards and commissions, whether city or state, so that the year's legislative progress is not the whole of the advance in state control, although in the summary just made the past year's regulations of state boards of health have been included in several instances.

In discussing the "Passing of Segregation"<sup>5</sup> the author indicated how the recommendations of vice commissions should be regarded as the detailed measures of the new standards of vice

<sup>5</sup> See footnote 3, page 67.

control. By comparing this summary of social hygiene legislation, in 1917, with the recommendations of vice commissions, it will be seen that the process of generally adopting the new standards is going forward very actively. Thirty-eight bills relating to commercialized vice, thirty-one to sex offenses, thirty-six to amusements, sixty-six to venereal diseases, one hundred to the protection of women and children—the connection is evident. Also, it is obvious that the emphasis is shifting from repression to prevention, not that the former element in the latter-day standards of vice control is becoming less important, but that it is already quite fully established. Preventive and constructive measures are in the air. With the establishment of the Division of Venereal Diseases in the United States Public Health Service, it is to be expected that medical measures of control will become more and more adequate to the problem. It is significant, also, that so much attention is being paid to the protection of women and children. It should be noted, in addition, that seven states passed laws last year relating to adultery, fornication, and lasciviousness. Such laws have been dead letters in other states for many years. Their revival may mean that public opinion is beginning to demand that immoral men and women alike be dealt with severely. But the whole problem of personal immorality, stripped of commercial aspects, is still in an unsettled state.

The following list of the specific bills summarized in the accompanying table contains a brief statement of the subject-matter or purpose of the bill; generally the place of introduction and the calendar number—i. e., whether Senate, House, or Assembly, and in each instance where the bill became a law, a reference to where it may be found.<sup>6</sup> The list is arranged (1) by states or territories alphabetically; (2) numerically under these

<sup>6</sup>The designations Ch., §, or Act (with number), or "approved," or "signed by Governor," following the description of a bill, indicate that it became a law. "Filed," "Special Ordinance," etc., have a similar meaning. The abbreviation preceding the description of a bill shows the Senate, House, or Assembly number. The most important of the abbreviations used are: Ch., Chapter; §, number; S. B., Senate Bill; H. B., House Bill; A. B., Assembly Bill; F., File.

by Senate, House, or Assembly calendar number; followed (3), where such numbers are not given but where, nevertheless, the bill became a law, by a numerical arrangement of act or chapter numbers in parentheses, and lastly, by the remaining bills in alphabetical order. By using this list in connection with the table already given any social hygiene measure considered last year can be easily located.

*Alaska:* S. B. 5. Mothers' pensions. Granting allowances in certain cases for destitute and abandoned children, and those living in immoral surroundings. Ch. 16, Laws 1917.

*Arizona:* S. B. 4. Lascivious and unnatural lewd acts. Making felony. Ch. 2, Laws 1917.

H. B. 3. Women. Providing minimum wage for. Ch. 38, Laws 1917.

H. B. 4. Keeping disorderly house. Making misdemeanor for owner or lessee to allow same to be thus kept. Ch. 62, Laws 1917. (Referendum filed against this law to be submitted November, 1918.)

H. B. 75. Mothers' pensions. Establishing local boards of child welfare and providing relief for children of widowed mothers. Ch. 70, Laws 1917.

*Arkansas:* Act 67. Industrial school for delinquent girls. Establishing. Act 67, Laws 1917.

Act 420. Children, dependent, neglected, or delinquent. Defining persons under twenty-one found living in house of ill-fame or in vicious surroundings, or guilty of indecent, immoral, or lascivious conduct as, and subjecting to guardianship or control of state. Act 420, Laws 1917.

Health Ordinance. Compulsory reporting of venereal diseases in Pulaaki County. Requiring. Special Ordinance of Board of Health, December 10, 1917.

Bar to marriage. Prohibiting marriage of persons having a venereal disease.

Compulsory reporting of venereal diseases. Requiring.

Injunction and abatement.

*California:* S. B. 405. State health inspectors of venereal disease clinics. Providing.

S. B. 475. Adultery and fornication. Amending law relating to.

S. B. 742. Rape. Relating to punishment for.

A. B. 239. Compulsory reporting of venereal diseases by number only. Requiring. Ch. 123, Laws 1917.

A. B. 495. White slavery. Prohibiting transportation within state, of woman or girl for purpose of prostitution.

A. B. 546. Bar to marriage. Prohibiting marriage of person having venereal disease.

A. B. 546. Marriage health certificate. Requiring.

A. B. 602. Sterilization of inmates of state institution through institute for study of mental deficiency. Providing for. Ch. 776, Laws 1917.

A. B. 869. Detention home for delinquent women. Establishing.

A. B. 897-898. Psychopathic hospital at University of California. Establishing.

Ch. 168. Children, minor. Providing punishment for failure to support. Ch. 168, Laws 1917.

Ch. 223. Department of clinical diagnosis for inmates of Whittier State School and other state institutions. Authorizing Board of Trustees of School to maintain, and to inquire into causes and consequences of delinquency and mental deficiency and related problems. Ch. 223, Laws 1917.

Ch. 330. Escape from state training school for girls. Providing penalties for permitting or aiding. Ch. 330, Laws 1917.

Ch. 472. Children, orphans, half-orphans, and abandoned. Relating to support and maintenance by state. Ch. 472, Laws 1917.

*Colorado:* H. B. 39. Women and minors. Providing minimum wage and proper sanitary working conditions. Ch. 98, Laws 1917.

H. B. 178. Midwives. Licensing, and revoking license for performing criminal abortions. Ch. 94, Sec. 24-29, Laws 1917.

*Connecticut:* S. B. 25. Fornication and lascivious carriage. Providing as punishment fine of one hundred dollars or imprisonment for six months, or both. Ch. 6, Laws 1917.

S. B. 126, (Sub. for). State farm for women. Establishing. Ch. 358, Laws 1917.

S. B. 284. State commission to investigate prevalence and treatment of venereal diseases in state institution. Establishing. Ch. 150, Laws 1917.

H. B. 240, (Sub. for). Women and minors. Prohibiting employment between 10 p.m. and 5 a.m. in certain lines of business (restaurants, cafes, manicuring parlors, etc.) and limiting employment to 58 hours per week in certain occupations. Ch. 300, Laws 1917.

H. B. 421. Injunction and abatement. Ch. 362, Laws 1917.

H. B. 948. Minors, under eighteen. Prohibiting employment in night messenger service. Ch. 261, Laws 1917.

*Delaware:* Ch. 227. Mothers' pension commission. Providing for maintenance of children in certain cases. Ch. 227, Laws 1917.

Ch. 228. Illegitimacy. Requiring father of illegitimate child to pay expenses of mother during confinement and maintenance of child till fifteen years of age. Ch. 228, Laws 1917.

Ch. 229. Illegitimacy. Establishing child's right to inheritance. Ch. 229, Laws 1917.

Ch. 264. Adultery. Making misdemeanor. Ch. 264, Laws 1917.

*Florida:* §101. Obscene literature, pictures, or prints. Providing punishment for publishing and distributing. Ch. 7359, (§101), Laws 1917.

§102. Indecent exposure. Penalizing. Ch. 7360, (§102), Laws 1917.

§103. Lascivious and unnatural acts. Prescribing punishment for. Ch. 7361, (§103), Laws 1917.

§109. Injunction and abatement. Ch. 7367, (§109), Laws 1917.

Special Ordinance. Compulsory reporting of venereal diseases. Requiring. (Carrying out powers given by Ch. 6892, Laws 1915.) Special Ordinance, State Board of Health, February 13, 1917.

*Georgia*: §230. Injunction and abatement. §230, Laws 1917.

*Hawaii*: S. B. 10. Injunction and abatement.

H. B. 51. Punishing for aiding or abetting sexual intercourse with female under eighteen.

H. B. 120. Women. Providing for protection of.

H. B. 168. Amusement places. Licensing.

H. B. 174. Midwifery. Regulating practice of.

Commitment of girls. Suitable woman to escort to institution.

*Idaho*: S. B. 57. Parks, picnic grounds, dance halls, and other pleasure resorts. Making violation of order and health regulations a misdemeanor. Ch. 26, Laws 1917.

*Illinois*: S. B. 129. Obscene or indecent exhibitions and plays. Prohibiting. Approved June 21, 1917.

S. B. 151. Marriage health certificate. Requiring.

S. B. 281 and H. B. 203. Dance halls. Forbidding sale of liquor in.

S. B. 612. Women. Creating commission to study conditions of industries giving employment to. Approved June 22, 1917.

H. B. 419 and 728. Injunction and abatement. Amending.

H. B. 438. Pandering. Defining and penalizing. Approved June 25, 1917.

H. B. 537 and 794. Mothers' pensions. Providing in certain instances for partial support of children under fourteen and supervision and visitation of recipients. Approved June 11 and 26, 1917.

*Indiana*: S. B. 174. Delinquent women. Providing for commitment and making person having intercourse with, guilty of contempt of court.

S. B. 188. Child welfare boards to provide mothers' pensions, etc. Establishing.

S. B. 209. Children. Defining delinquency in boys under sixteen and girls under eighteen as being guilty of indecent and immoral conduct and punishing as misdemeanor; also making, aiding and abetting a misdemeanor. Ch. 111, Laws 1917.

S. B. 259 (Amend. to). Motion pictures. Appointing Indiana Motion Picture Commission to inspect all, and eliminate those of immoral, indecent, and licentious nature, and granting power to revoke license.

H. B. 69. Unsanitary dwellings. Empowering health officers to force evacuation of. Ch. 21, Laws 1917.

H. B. 165. Adultery and fornication. Making crime.

H. B. 453. Prostitutes. Providing for punishment of.

H. B. 626. Compulsory reporting of venereal diseases. Amending present law.

*Iowa*: S. F. 574. Industrial reformatory for females. Amending law relating to.

H. F. 169. Bar to marriage. Preventing wilful transmission of venereal diseases by requiring physicians to advise patients of character of venereal diseases and by prohibiting act of osculation, sexual intercourse, or other contact with person having such disease.

*Kansas*: S. B. 135. Compulsory reporting. Authorizing Board of Health to establish regulations concerning communicable diseases. Ch. 205, Laws 1917.

S. B. 164. Girls, under eighteen, incorrigible, leading vagrant life, resorting to immoral practices or places. Committing to state industrial school with consent of parents or guardians. Ch. 303, Laws 1917.

S. B. 352. State industrial home for females. Establishing.

H. B. 335. Motion pictures. Creating board of three to censor. Ch. 308, Laws 1917.

H. B. 403. State industrial farm for detention and care of women convicted of criminal offenses. Ch. 298, Laws 1917.

H. B. 484. Sterilization of inmates of state institutions. Amending present law. Ch. 299, Laws 1917.

H. B. 513. Fake cure advertisements of venereal diseases. Prohibiting.

H. B. 542. Compulsory reporting of venereal diseases. Requiring.

*Louisiana*: Segregated district. Abolishing throughout state. (City ordinances passed by Shreveport, New Orleans, and Monroe.)

*Maine*: Ch. 40. Bar to marriage. Prohibiting marriage between feeble-minded persons. Ch. 40, Laws 1917.

Ch. 106. Carnal knowledge by persons more than eighteen years of age of body of female between fourteen and sixteen years of age. Making punishable. Ch. 106, Laws 1917.

Ch. 297. Agents for protection of children. Providing for appointment of, with investigatory and police powers. Ch. 297, Laws 1917.

Ch. 301. Compulsory reporting of venereal diseases. Providing. Ch. 301, Laws 1917.

Ch. 301. Free diagnosis, and Wassermann and salvarsan at cost. Providing. Ch. 301, Laws 1917.

Ch. 301. Quarantine detention of persons in public institutions till cured. Providing for. Ch. 301, Laws 1917.

*Massachusetts*: S. B. 168 and 169. Restaurants. Checking immoral conduct in.

H. 365. Vice investigators. Prohibiting employment of students as.

H. 1003. Motion pictures. Appointing state board of censorship.

H. 1233. Children. Needy and dependent, extending state aid.

H. 1464. Age of consent from sixteen to eighteen years. Increasing.

Coffee Houses. Licensing to prevent improper use. Ch. 23, Laws 1917.

Children. Minor, providing for support in case of divorce or separation. Ch. 163, Laws 1917.

*Michigan*: S. B. 92. State training school for women. Establishing. Act 259, Laws 1917.

Acts 40 and 332. Amusements. Empowering cities to license. Acts 40 and 332, Laws 1917.

Act 77. Quarantine and segregation of persons infected with dangerous communicable diseases. Providing for. Act 77, Laws 1917.

Act 156. Public recreation and playgrounds. Authorizing local communities to operate systems of. Act 156, Laws 1917.

Act 170. Carnal knowledge by guardian, etc., of female under eighteen. Making felony. Act 170, Laws 1917.

Act 293. Child welfare commission of inquiry. Creating. Act 293, Laws 1917.

Act 318. Community and recreation centers. Providing use of school houses as. Act 318, Laws 1917.

Act 355. Loitering and wandering about house of prostitution. Making punishable as disorderly conduct. Act 355, Laws 1917.

*Minnesota:* S. F. 166. Community or social centers to be established by local school boards in certain instances. Providing for. Ch. 166, Laws 1916-17.

S. F. 429 and 912. Board of women visitors of home school for girls. Relating to tenure of office of. Ch. 182, Laws 1916-17.

S. F. 645. Communicable diseases. Requiring health officers to take control of. Ch. 427, Laws 1916-17.

S. F. 913. Obscene literature. Protecting children from contamination by. Ch. 241, Laws 1916-17.

S. F. 913. Obscene literature. Relating to sale and distribution of. Ch. 241, Laws 1916-17.

H. F. 1167. Child welfare boards. Establishing local, and requiring State Board of Control to provide protection of defective, illegitimate, dependent, neglected, and delinquent children. Ch. 194, Laws 1916-17.

H. F. 1177. Illegitimacy. Requiring father of illegitimate child to support child and mother during confinement. Ch. 210, Laws 1916-17.

H. F. 1178. Desertion of illegitimate child by father. Making felony. Ch. 211, Laws 1916-17.

H. F. 1178. Fornication. Making felony in certain instances. Ch. 211, Laws 1916-17.

H. F. 1182. Illegitimacy. Eliminating word "bastard" from statutes. Ch. 231, Laws 1916-17.

H. F. 1183. Children, destitute and homeless. Providing for protection of. Ch. 212, Laws 1916-17.

H. F. 1187. Desertion by either parent of child under sixteen. Making felony, and of pregnant wife (or failure to support), making misdemeanor.

H. F. 1188. Children, dependent. Providing support of. Ch. 223, Laws 1916-17.

*Missouri:* S. B. 73 and H. B. 173. Injunction and abatement.

S. B. 130. Mothers' pensions. Providing for support of needy mothers with dependent children; also of women about to become mothers. Approved April 12, 1917.

C. S. for S. B. 168. Children, neglected and delinquent. Providing for treatment and control of. Approved April 10, 1917.

S. B. 213 and H. B. 532. Age of consent to sixteen years. Increasing.

S. B. 357 and H. B. 263. Obscene literature. Amending present statute with respect to.

S. B. 546. Reformatory for women. Establishing.

H. B. 260. Birth control. Relating to prevention of conception.

*Montana:* H. B. 211. Injunction and abatement. Ch. 95, Laws 1917.

H. B. 330. Houses of prostitution. Permitting cities to "regulate."

Ch. 18. Women. Providing seats and limiting working hours in certain employments. Ch. 18, Laws 1917.

Ch. 78. Desertion and abandonment of child, under fifteen. Penalizing as felony. Ch. 78, Laws 1917.



Ch. 83. Mothers' pensions in certain instances for care of dependent children. Providing. Ch. 83, Laws 1917.

Ch. 121. Child welfare division under supervision of State Board of Health. Ch. 121, Laws 1917.

*Nebraska*: S. F. 157. Compulsory reporting of venereal diseases. Requiring.

H. R. 129. Age of consent to eighteen years. Increasing.

H. R. 217. White slavery. Amending present law.

H. R. 359. Hotels, rooming houses, apartment houses, and restaurants. Providing for registration and cancellation of license for violation of law. Ch. 70, Laws 1917.

*Nevada*: Ch. 11. Children, dependent and needy. Providing partial support. Ch. 11, Laws 1917.

Ch. 14. Women. Compelling employers to provide seats for female workers and penalizing for violation. Ch. 14, Laws 1917.

Ch. 20. Florence Crittenton Mission. Appropriating \$4,800 for support and maintenance of. Ch. 20, Laws 1917.

Ch. 201. False advertising in general. Prohibiting. Ch. 201, Laws 1917.

*New Hampshire*: H. B. 188. State probation officer. Providing for appointment of.

H. B. 239. Child welfare commission. Providing for appointment of.

H. B. 321. Sex hygiene instruction for parents. Providing for employment by state board of health of district nurses to give.

H. B. 571. Injunction and abatement.

Ch. 74 and 104. Children under seventeen, dependent and neglected. Providing for control and care of. Ch. 74 and 104, Laws 1917.

Ch. 181. Sterilization of feeble-minded in certain instances. Providing for. Ch. 181, Laws 1917.

Compulsory reporting of venereal diseases. Providing for.

*New Jersey*: A. B. 195. Compulsory reporting of venereal diseases. Providing for. Ch. 232, Laws 1917.

A. B. 195. Quarantine. Empowering Health Department to establish measures if necessary. Ch. 232, Laws 1917.

H. B. 196. Bar to marriage. Prohibiting marriage and intercourse of persons having venereal diseases. Ch. 23, Laws 1917.

*New Mexico*: S. B. 24. Incest. Defining and providing punishment. Ch. 50, Laws 1917.

H. B. 108. Children. Defining juvenile delinquent as person under sixteen who knowingly associates with immoral persons or visits houses of prostitution, etc., and providing for punishment and reformation; also for punishment of those contributing to such delinquency. Ch. 4, Laws 1917.

H. B. 288. Children, dependent, or neglected. Providing for care, control, etc., and punishing persons responsible for neglect. Ch. 85, Laws 1917.

*New York*: S. B. 114. Public dance halls. Amending act regulating and licensing.

S. B. 282. Fining system. Prohibiting fining of person convicted of prostitution and substituting imprisonment therefor.

S. B. 376. Restaurants. Forbidding employment of girls under sixteen

more than fifty-five hours weekly and before 6 a.m. and after 10 p.m. Ch. 535, Laws 1917.

S. B. 545. State health insurance investigation commission to study venereal disease in relation to industry. Creating.

S. B. 867. Recreation. Authorizing cities and villages to create recreation commissions and to establish centers.

S. B. 1102 and A. B. 1256. Delinquent females. Relating to commitment of.

S. B. 1263. Marriage medical certificate. Providing that applicants for marriage licenses must state whether they have suffered from venereal disease and, if so, if they had recent laboratory test. Ch. 503, Laws 1917.

A. B. 47. Child welfare. Making local boards independent of state board of charities and making relief mandatory instead of discretionary.

A. B. 302. Fake cure advertisements for venereal diseases. Prohibiting. Ch. 487, Laws 1917.

A. B. 321 and 559. Birth control. Permitting publication and distribution of information and sale of instruments and methods for prevention of conception.

A. B. 413. Amusement places. Compelling reservation of sections for females.

A. B. 451. Delinquent females. Providing for commitment to certain institutions.

A. B. 823. Rape. Defined to include having sexual intercourse with ward of State Training School for Girls.

A. B. 824. Houses of prostitution. Making misdemeanor to entice ward of State Training School to enter.

A. B. 1169. State clearing house for delinquent women. Establishing.

A. B. 1281. Illegitimacy. Requiring certified statement as to who is father to be filed with State Department of Health and attached to birth certificate of child.

A. B. 1695. Motion pictures. Creating state department with single commissioner.

S. B. 619. City and county reformatories for fallen women. Establishing. Ch. 264, Laws 1917.

*North Carolina:* S. B. 729 and H. B. 1918. State home and industrial school for girls and women. Establishing. Ch. 255, Laws 1917.

S. B. 814 and H. B. 661. Age of consent from ten to twelve years. Raising. Ch. 29, Laws 1917.

Ch. 27. Fake cure advertisements and sale of venereal disease remedies. Empowering State Board of Health to prohibit. Ch. 27, Laws 1917.

Ch. 59. Children under six months. Prohibiting separation from mothers of. Ch. 59, Laws 1917.

Ch. 158. Hotels and boarding houses. Making misdemeanor to entice girl into, or occupy room for prostitution or other immoral purposes, or registering as husband and wife. Ch. 158, Laws 1917.

Ch. 170. Board of public welfare with power to investigate social and moral conditions. Establishing. Ch. 170, Laws 1917.

Ch. 219. Illegitimacy. Providing for legitimatizing of children by subsequent marriage of parents. Ch. 219, Laws 1917.

Ch. 259. Desertion by husband of wife or parent of child. Making punishable. Ch. 259, Laws 1917.

Ch. 263. Compulsory reporting of certain contagious and infectious diseases. Providing for, not specifying venereal diseases, but leaving it to State Board of Health to specify which diseases shall be reportable. Ch. 263, Sec. 7, Laws 1917.

Compulsory reporting of venereal diseases. Requiring.  
Injunction and abatement.

*North Dakota:* S. B. 82. Annual medical inspection of all school children. Providing. Ch. 210, Laws 1917.

S. B. 136. Serum institute for manufacture and distribution of serum, etc., for prevention and eradication of infectious and contagious diseases. Appropriating \$6,000 for maintenance of. Ch. 24, Sec. 41, Laws 1917.

S. B. 199. Rape. Amending present statute with respect to punishment for. Ch. 193, Laws 1917.

H. B. 69. Public welfare commission to investigate economic, moral, and social conditions of women and child workers. Establishing. Ch. 181, Laws 1917.

H. B. 131. Illegitimacy. Declaring every child born out of lawful wedlock to be legitimate and entitled to full rights. Ch. 70, Laws 1917.

Pimping and pandering. Making crime to solicit male person or act as agent of any women for immoral purposes.

*Ohio:* H. B. 154. Sterilization. Preventing the procreation of defectives.

H. B. 155. Free antitoxin and serum for use in treatment of gonorrhea and syphilis. Empowering State Board of Health to make necessary arrangements for production or furnishing of.

H. B. 343. Public dances given without permit. Relating to.

H. B. 364. Sale of liquor to girls under twenty-one. Prohibiting.

H. B. 410. Grafting. Disqualifying officials convicted of protecting vice from holding office again.

H. B. 499. Injunction and abatement. Signed by Governor April 17, 1917.

H. B. 527. Committing convicted prostitute to reformatory. Providing woman escort when.

*Oklahoma:* S. B. 213. Russell Industrial School for white girls. Establishing. Ch. 255, Laws 1917.

S. B. 224. Injunction and abatement.

Compulsory reporting of venereal diseases.

*Oregon:* S. B. 16. Illegitimacy. Providing support and maintenance of children by illegitimate father. Ch. 48, Laws 1917.

S. B. 65. Obscene articles, pictures, etc. Amending law relating to. Ch. 88, Laws 1917.

S. B. 101 (Sub.) Mothers' pensions if husbands are dead or incapacitated and there are dependent children under sixteen. Providing. Ch. 267, Laws 1917.

S. B. 164. Women. Amending law prohibiting employment more than

ten hours per day or sixty hours per week in factories, etc. Ch. 163, Laws 1917.

S. B. 188. Transfer of feebleminded and insane girls from State Training School and State Industrial School to State Hospital and Institution for Feebleminded. Providing for. Ch. 151, Laws 1917.

S. B. 317. Children, dependent, delinquent, and defective. Establishing home for. Ch. 421, Laws 1917.

S. J. R. 21. Children, incorrigible, subnormal, delinquent, and dependent. Appointing State Board of Control to investigate institutions and report cases. Filed February 19, 1917.

H. B. 92. Feebleminded and criminally inclined person. Providing for examination, commitment, and conveyance, etc., to Institution for Feebleminded. Ch. 354, Laws 1917.

H. B. 162. Sterilization of feebleminded, insane, epileptic, moral degenerates, habitual criminals, and sexual perverts, in public institution. Providing for. Ch. 279, Laws 1917.

H. B. 314. Marriage health certificate. Amending present law to require State Board of Health to make necessary bacteriological examinations in order to determine freedom from contagious or infectious venereal disease of applicant for marriage license.

H. B. 545. Oregon Social Hygiene Society. Appropriating \$20,000 to. Ch. 311, Laws 1917.

*Pennsylvania:* H. F. 407. Marriage health certificate. Amending present law.

Act 67. Children, delinquent, dependent, and neglected. Providing jurisdiction by Municipal Court of Philadelphia over all houses of detention within city limits for. Act 67, Laws 1917.

Act 145. Illegitimacy. Providing for children to be supported by father. Act 145, Laws 1917.

Act 237. Mothers' pensions. Providing monthly payments to indigent mothers for partial support of children in their own homes. Act 237, Laws 1917.

Act 254. Women. Amending act regulating hours and conditions of employment. Act 254, Laws 1917.

Act 256. Children's schools under jurisdiction of juvenile courts. Establishing and maintaining. Act 256, Laws 1917.

Act 259. State village for feebleminded women. Amending act establishing. Act 259, Laws 1917.

Act 290. Illegitimate child. Making misdemeanor to neglect to support. Act 290, Laws 1917.

Act 322. Sodomy. Defining and prescribing penalty for. Act 322, Laws 1917.

*Rhode Island:* Ch. 1522. Women and girls. Providing separate water closets, dressing rooms, and conveniently located seats in places of employment. Ch. 1522, Laws 1917.

Ch. 1546. Children, delinquent and wayward. Establishing juvenile courts and providing for care of. Ch. 1546, Laws 1917.

*South Carolina:* S. 71. Seduction under promise of marriage. Amending act relating to.

S. 86. Obscene language at or near school buildings. Prohibiting.

S. 391. Children under eighteen years, homeless, depraved, neglected, and incorrigible, and those in immoral surroundings. Providing for custody of. Act 73, Laws 1917.

H. F. 47. White slavery. Preventing inducement, transportation, harboring, or protecting of any female within state for purpose of prostitution or other immoral purpose and providing punishment therefor.

*South Dakota:* S. B. 28. Mothers' pensions for needy widows or divorced women with children under fourteen. Providing. Ch. 300, Laws 1917.

S. B. 257. Sterilization of defectives and inmates of state home for feeble-minded. Providing for. Ch. 236, Laws 1917.

H. B. 163. Bar to marriage. Prohibiting syphilitic person from marrying.

H. B. 163. Marriage health certificate. Requiring.

*Tennessee:* H. B. 508 and 1276. Children, dependent, neglected, and delinquent. Providing for treatment and control of, and making misdemeanor for persons to cause, contribute, or encourage dependency, delinquency, etc. Ch. 41 and 120; Laws 1917.

*Texas:* S. B. 13. Mothers' pensions. Providing monthly allowance to indigent, or widowed mothers for partial support of children in own homes. Ch. 120, Laws 1917.

S. B. 63. Children under seventeen to bawdy house or allied resort. Making misdemeanor sending of. Ch. 59, Sec. 2, Laws 1917.

S. B. 390. Escape from girls' training school for dependent and delinquent girls. Making misdemeanor to aid, persuade, coerce, or furnish any means of. Ch. 111, Laws 1917.

H. B. 34. Children, dependent, delinquent, and neglected. Creating juvenile board to have custody of. Ch. 16, Laws 1917.

H. B. 387. Age of consent to eighteen years. Increasing.

*Vermont:* S. 24. Age of consent from sixteen to eighteen years. Increasing.

S. 67. Fornication. Making crime.

H. 176. Bar to marriage. Amending present statute relating to venereal disease by prohibiting marriage of person having such disease in infectious stage. Ch. 238, Laws 1917.

H. 176. Compulsory reporting of venereal diseases. Requiring drug clerks to report name, etc., of person treated or for whom prescription was made. Ch. 238, Laws 1917.

H. 176. Dissemination of information on venereal disease perils. Providing for educational campaign of methods of prevention, treatment, and cure. Ch. 238, Laws 1917.

H. 254. Keeping disorderly house or house of ill-fame. Penalizing. Ch. 239, Laws 1917.

Ch. 240. Motion pictures of obscene, immoral, etc., nature. Prohibiting exhibition of. Ch. 240, Laws 1917.

Bar to marriage. Prohibiting marriage of person having gonorrhea, or syphilis, and providing penalty for violation.

Compulsory reporting of gonorrhea and syphilis to State Board of Health. Providing for, also for premium for reporting and penalty for violation.

*Washington:* S. B. 44. Pimping and pandering. Prohibiting.

S. B. 189. Industrial home for women. Creating.

S. B. 207. Compulsory reporting of venereal diseases. Requiring.

S. B. 216. Delinquent girls. Providing for commitment of.

H. B. 1. Women and minors in certain industries and certain cities. Establishing standard of wages and conditions of labor for. Ch. 29, Laws 1917.

H. B. 6. Carnal knowledge. Providing punishment for.

H. B. 108. Child welfare division in State Board of Control. Creating.

H. B. 227. Adultery. Amending statute relating to. Ch. 98, Laws 1917.

*West Virginia:* S. B. 53. Mothers' pensions for partial support of mothers with children under sixteen where husbands are dead or incapacitated. Providing. Ch. 46, Laws 1917.

S. B. 94. Injunction and abatement.

S. B. 97. Age of consent and carnal knowledge. Relating to.

S. B. 122. Adultery and fornication. Relating to.

S. B. 180. Commitment of girls to industrial home. Prohibiting admission of syphilitics.

H. B. 172. Sodomy. Relating to.

*Wisconsin:* S. B. 5. Children and minors. Providing for protection of, and penalizing violation.

S. B. 39. Children, dependent. Granting aid to custodian.

S. B. 55. Public health nurses to register with State Board of Health. Requiring.

S. B. 57. Children, dependent. Providing aid for.

S. B. 77. Children, with communicable disease. Requiring teachers and truant officers to send home. Ch. 97, Laws 1917.

S. B. 118. Children, defective. Providing for reporting and commitment of. Ch. 105, Laws 1917.

S. B. 121. Children, exceptional. Maintaining classes for. Ch. 580, Laws 1917.

S. B. 143. Motion pictures and show houses. Empowering first class cities to regulate.

S. B. 193. Adultery. Providing for prosecutions not to be commenced within one year from date of alleged offense. Ch. 531, Laws 1917.

S. B. 205. Quarantine. Requiring licensed physicians to have knowledge of law. Ch. 110, Laws 1917.

S. B. 280. Children. Regulating employment of.

S. B. 340. Compulsory reporting of venereal diseases. Relating to, and compelling physicians to report to Board of Health. Ch. 235, Laws 1917.

S. B. 341. Marriage health certificate. Creating Sec. 2339n. Ch. 483, Laws 1917.

S. B. 365. Marriage health certificate. Amending Sec. 2339n relating to ante-nuptial physical examinations. Ch. 212, Laws 1917.

S. B. 486. Injunction and abatement. Ch. 331, Laws 1917.

S. B. 508. Quarantine for dangerous communicable disease. Penalizing breaking of. Ch. 239, Laws 1917.

S. B. 525. Age of consent and carnal knowledge. Amending statute relating to.

A. B. 51. Children, dependent. Setting age limit of aid for.

A. B. 64. Women. Relating to minimum wage.

A. B. 85. Prostitution. Modifying penalty relating to use of property for.

A. B. 99. Women. Regulating hours of labor in certain employments.

A. B. 105. Quarantine. Penalizing removing of placards, etc. Ch. 117, Laws 1917.

A. B. 107. Children, with communicable disease. Requiring health officer to notify teacher and librarian and prohibiting pupil from attending school or taking out books. Ch. 53, Laws 1917.

A. B. 125. Children. Setting age limit for employment of.

A. B. 147. Women. Regulating hours of labor in domestic service.

A. B. 154. Hospital care in houses of correction. Providing for. Ch. 140, Laws 1917.

A. B. 183. Public health nurse. Providing for employment of. Ch. 123, Laws 1917.

A. B. 225. Immoral shows. Prohibiting and penalizing.

A. B. 324. Detention homes in counties of 250,000. Authorizing.

A. B. 342. Immoral and indecent shows on fair grounds. Forbidding.

A. B. 348. Children, dependent, delinquent, or neglected. Providing for notice to parents of commitment of.

A. B. 392. Isolated hospital wards for cases of venereal disease. Providing.

A. B. 394. Children under six months. Penalizing separation from mothers of.

A. B. 443. Children. Setting age limit for employment in domestic service.

A. B. 566. Children, defective. Providing laboratory for mental and physical examination of, and establishing state mothers' bureau.

Jt. Res. 18-A. Mothers' pensions. Appointing Joint Investigation Committee.

*Wyoming*: H. B. 20 and 151. White slavery. Prohibiting transportation of females for immoral purposes.

H. B. 99. Pimping. Defining and prohibiting. Ch. 39, Laws 1917.

## THE LAW ENFORCEMENT PROGRAM APPLIED

FRANK J. OSBORNE

*First Lieutenant, Sanitary Corps, U. S. A.*

The city in question is a fairly typical industrial town, located about fifteen miles from one of the principal embarkation ports. The town, like a great many other industrial cities in this country, is made up of a heterogeneous working population, a prosperous business element, and a leaven of progressive and interested professional people. There are approximately four hundred and fifty saloons in the city, about half of which are organized into a retail liquor dealers' association. There are about a dozen hotels with liquor licenses, and the surrounding country district is thickly sprinkled with road houses. One district of the city is made up almost entirely of negroes and questionable white characters.

The importance of this town to the military forces of the nearby camp was recognized soon after the declaration of war and the establishment of the camp, when it was found that a small segregated district existed, that the colored district was inhabited by many prostitutes and others living from the proceeds of prostitution, and that soldiers who visited the city were securing large quantities of liquor.

By a system of close coöperation between the military police organization at the camp, and the Department of Justice agents working in this district, the bootlegging traffic, so-called, was very soon made a dangerous pursuit, and by the combined efforts of the local police officers and the military police, those thriving upon this business in violation of federal law were speedily apprehended, prosecuted, and eliminated as sources of danger to the morale of the service.

About this time, which was early in the year 1918, the military authorities began to secure evidence that the vice resorts in the city were wide open, and were an added source of danger to the



men, exposing them to venereal diseases. When this matter was brought to the attention of the Law Enforcement Division of the Commission on Training Camp Activities, a thorough investigation of conditions was made, both by the officer assigned to that cantonment area and by plain clothes investigators attached to the War Department.

The evidence secured substantiated in every way the previous reports, and, as usual, the segregated district was singled out as the point of attack. On one small area seven houses were found in open operation. Another resort, which was run under the cloak of being a hotel, was also noted, as were the general demoralizing conditions obtaining in the rear rooms of many local saloons. The following letter was then addressed to the Mayor by the Chairman of the Commission on Training Camp Activities:—

WAR DEPARTMENT  
COMMISSION ON TRAINING CAMP ACTIVITIES

March 9, 1918.

Mayor \_\_\_\_\_,

Dear Sir:—

The War Department has recently made an investigation of conditions with respect to prostitution and illegal liquor traffic in the city of \_\_\_\_\_. The following facts have been ascertained:—

Houses of prostitution are doing business at:—

315 Crook Street: The liquor license of this place has been revoked but it is now fitted out as a restaurant, but in reality is a house of prostitution.

325 Crook Street: there is a house of prostitution in the rear of this address.

8 Rampant Street.

6 Wanderers' Alley.

11 Wanderers' Alley.

13 Wanderers' Alley.

15 Wanderers' Alley.

17 Wanderers' Alley.

In addition to these places prostitutes are frequenting the rear rooms of numerous saloons where patrons are solicited.

I enclose a pamphlet in which the Secretary of War outlines the position of the Government with regard to this matter. The close proximity to \_\_\_\_\_ of large numbers of men in the service of the United States makes the continuance of present conditions there a menace. I am,

therefore, calling this matter to your attention with the confident expectation that you will take immediate action.

Very truly yours,

RAYMOND B. FOSDICK,

*Chairman*

(Note: The local names and addresses in this communication have been either deleted or camouflaged.)

It will be noted that this letter was dated March 9, 1918, and simply called to the attention of the Mayor a condition in his city which, as its chief executive, he should have hastened to rectify without loss of time, especially when the communication came in the form of a request from the War Department.

On April 3, 1918, nearly a month later, this letter was answered by the Mayor, who enclosed in his reply a report from his Acting Chief of Police, there being at this time no chief appointed as head of the police department. A few quotations from this report will suffice to show the grade of efficiency represented on this force:—

I have had 315 *Crook* Street investigated July 21, 1917, by ———, but they failed to get any evidence; since then the place has been visited on numerous occasions by the police, the last being on March 3, 1918, when I sent ———, but they could not secure any evidence of liquor or prostitution.

\* \* \* \*

I had my men pay particular attention to 8 *Rampant* Street, but no women were found there.

\* \* \* \*

The houses in the Alley were ordered closed October 16th, 1917, by officers stationed in that vicinity, and this condition still exists, so far as I have been informed by the members of the department doing duty in that section.

The chief closes his illuminating report on this phase of the subject with the following words:—

I can safely say that ——— is a cleaner and safer place to live in than any other city in the United States, and our police statistics show that conditions have been better during the past year than before the war.

This is an example of the type of response this division is apt to receive from local police officials. "Our town is as good

as the average," is the usual statement; but this guardian of the public welfare declares that his city "is a cleaner and safer place to live in than any other city in the United States."

It will be noted that this report is bolstered by past investigations, and shows no serious effort at investigating and checking up on local conditions after the receipt of the communication from Washington.

About this time there appeared in the public press, a grand jury presentment following a scathing charge to that jury by the presiding justice, on evidence presented by several influential citizens. To give some idea of the attitude of the judge sitting on this bench, and his opinion of the whitewashing received by this town, a portion of his charge to the next grand jury on this subject is quoted:—

The communication from the Grand Inquest amounted to such a practical and radical demolition of the conditions to which the citizens' delegation had called my attention, and upon which I based my charge, that upon a perusal of the printed communication, the natural inquiry presented itself to me: who were telling me the truth; the respectable body of clergymen and citizens, or the inquisitorial body charged by law, under their oaths, with the enforcement of law? Both could not be right.

On the one side was this body of high minded and public spirited citizens, serving their community entirely from their patriotic conception of public duty (for patriotism even in these days is not limited in its operation to national sacrifice), charging open, notorious and flagrant violations of law, and of public decency, and specifying the instances in many situations; and on the other hand, a public body charged by law with the enforcement of the law, proclaiming to the press and the public, that such situations did not, in fact, exist.

If this report were to be considered a judicial ultimatum, then indeed must the citizens and the clergy have been unreasonably alarmed, for neither the spotless town which is produced by the practical application of a highly advertised soporific influence, nor the beatific vision of a model city presented in the apocalypse to the Evangelist; nor the Utopia of Sir Thomas More, nor the ideal republic of Plato have anything on

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In charging the grand jury the judge again called attention to the local vice situation, strengthening his position by the following reference:—

While this chapter of incidents was proceeding, the federal government, with an eye to the moral and physical safety of the young men entrusted to its service by the fathers and mothers of the country, was apparently not satisfied that the city conveniently located to the cantonment at———, was not worthy of investigation, notwithstanding this report of the Grand Jury, and therefore through its clean-cut, high-toned moral officials, it began an investigation of conditions upon its own account. That investigation is not concluded, but enough has been observed and sufficient material obtained to enable the federal government to realize that the men behind the citizens' investigation, and who confided in this court, were not visionaries or idealists.

Upon reading the first grand jury presentment on this subject, the law enforcement agent secured an interview with the presiding justice, went over the whole situation with him, and was in turn referred to the local citizens, at whose instigation the original charge was delivered.

Several interviews were held with these persons and others found to be interested in the general problem. The military authorities at the camp were becoming more and more restive, threatening to establish a sub-station of military police in the city or to declare the town out of bounds altogether in order to prevent the men from securing liquor and women, and becoming generally demoralized by the invitations of vice met with on every hand when soldiers came into this town.

The whole correspondence and reports passing between the officials of this town and the Washington office of the Law Enforcement Division were sent to the military officer in charge of this extra-cantonment area. It was immediately seen that the officials of this town were in the language of the street "lying down," though by a system of rather incriminating reports and loud promises it attempted to mislead the War Department into believing that those vested with the enforcement of law in the city were actually doing everything possible to protect soldiers.

An up-to-the-minute investigation proved this to be a fact. Houses in the Alley were still operating, though somewhat more quietly. No effective action was taken with regard to the addresses specified, and the only constructive result following the letter of the Commission's Chairman was a somewhat better condition in the rear rooms of the saloons. An order was issued

to saloon keepers by the police forbidding them to allow women to loiter or solicit on their premises, and the liquor element, already on its last legs, seriously attempted to comply with this order.

When the evidence was all at hand, the Mayor was waited upon by the law enforcement representative, and the exact conditions revealed to him. The attitude of the camp military authorities was also explained to him, and he was given to understand that unless immediate effective action was secured, the War Department would take a hand in this part of the administration of his city or prohibit soldiers from coming to this place. He stated that his Acting Chief of Police had informed him that the Alley was closed, and that conditions were not as represented in the Washington letter. The Mayor further confided to the representative the fact that he was a Republican, while his Police Department was largely Democratic; and that this, combined with the fact that he was constantly being annoyed by unsubstantiated complaints from the Citizens' Union and the Ministerial Association, made it impossible for him to get effective action from his police department. This statement was of course recognized as what is classically known as "passing the buck." The law enforcement representative, however, insisted upon placing the burden of proof upon the city's chief executive, the Mayor, and left with the assurance that definite results would be forthcoming.

Realizing the difficult political situation and how social conditions were intertwined with it, it was believed at this stage that one of two things was necessary: either the putting in force of the War Department's threat, or an aroused public sentiment which would force official action. With this idea in mind, the most powerful civic and social leader of the city was interviewed, and the problem put straight up to him. He asked that the city be given an opportunity to save its good name, stating that if three men he had in mind would wait upon the Mayor, he felt sure they were powerful enough to secure the desired action. This looked encouraging, and the Provost Marshal at the camp, who had already been instructed to proceed, was asked to delay

operations for a short time, in the hope that it might be found unnecessary to use the men of his limited guard for this purpose, or to put the city under the ban by placing it out of bounds.

The prominent citizen referred to above was then asked to call together a small group of persons interested in the general civic welfare, who might be expected to head a movement, looking to the organizations of the latent forces for betterment in the city, which might be focused on the Mayor's official family, and demand results. Within forty-eight hours seven men were called together: a district court judge, the pathologist of the General Hospital, a coal merchant, a retired army captain (now a real estate promoter), the general manager of the Public Service Corporation, president of the county bar association, and a Catholic priest. The occupations of these individuals are given in order to show the diversity of business and professional life represented in this group. The city's social and political situation was reviewed by the law enforcement representative of the Commission, and the program of the Surgeon General of the Army and the Commission on Training Camp Activities explained. It was pointed out that the War Department had exhausted its patience, and that a definite clean-up must be made to prevent the spread of venereal disease, not only among soldiers visiting this town on leaves and furloughs, but also among drafted men soon to be called to service. It was shown how civilian communities are responsible for the venereal disease burden carried by the army and navy, and that the government expected each city to accept its share of this responsibility and do everything in its power to prevent further disability from these causes. These seven men were deeply impressed. Being familiar with the inertia and chronic inefficiency of their local public officials, they determined that public sentiment should be organized to the end that these officials be compelled to perform their duties.

They decided to call a larger conference, to meet two nights later, and the Director of the Social Hygiene Division, Commission on Training Camp Activities, accompanied the field lieutenant to that meeting. About two dozen men were present; the

same ground was gone over, and this body determined to increase their membership to one hundred and fifty in order that every portion of the city's activities might be represented. This was a Friday night. On Monday morning the newspapers published a list of one hundred and fifty selected citizens, representing the most prominent and powerful members of the community who had been chosen to serve on the committee. These members were publicly notified to be present at a mass meeting the following Wednesday night, to hear what the government's representatives had to say on this subject, to elect permanent officers, adopt a name, and view the government film "Fit to Fight," prepared for use in military camps.

This mass meeting, held in the Chamber of Commerce, was a great success. Representatives of the Law Enforcement and Social Hygiene Divisions of the Commission on Training Camp Activities presented the government's program and reviewed the history of the War Department's activities in the city. One of the city's most highly respected and prosperous mill owners was elected chairman. He appointed the chairmen of the following sub-committees: Committee on Law Enforcement, Medical Committee, Educational Committee, Industrial Committee, Women's Committee.

One of the most significant occurrences at this meeting was the reading of a letter received from the Mayor who, having learned of the meeting through the daily papers, was inclined to retreat before the storm. Bearing in mind the Mayor's previous statement that he had not been given adequate support by his police department, this letter is particularly suggestive and tends to indicate that, regardless of official coöperation, the chief executive of a city cannot afford to ignore public opinion. The text of this letter follows:—

May 15, 1918.

\_\_\_\_ Civilian Committee on Coöperation with the Government,  
\_\_\_\_,

Gentlemen:

Through the daily newspapers I have learned of your contemplated organization, and I want to take this early opportunity of placing at your entire disposal every department of the city government which might be

found to be of benefit to you. I have not waited for an official invitation to do this, but I am assured, from the personnel of your committee, that what you are seeking is the coöperation of all forces for the maintenance of a clean and wholesome city.

These are extraordinary times. Conditions surrounding our cities, as well as those surrounding our country as a nation, require the coöperation of all citizens who have the welfare of not only our soldiers, but also the youth of our community at heart. ————— has no doubt felt the effects of those peculiar conditions to a certain extent, and the evidence of that fact is doubtless the cause of your organization. It is only fair to those entrusted with the guardianship of the city's morals, however, that I should state that certain of these unusual conditions and the possibility of an increase of them became cognizable to these authorities several months ago, and a studied and determined effort has been under way to handle them. That a certain amount of success must have been achieved in this direction is evidenced by the fact that the government authorities, after several weeks of observation, have voluntarily expressed their satisfaction of the progress made.

This work, however, demands constant vigilance and the assistance of our best citizenship. It is for this reason, if for no other, that I welcome the formation of your committee.

I shall be glad to meet any delegation you might deem it advisable to appoint, and promise prompt action in the handling of any problems pointed out by them.

Very sincerely yours,

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Mayor.

The newspapers gave publicity to all meetings and activities of the Citizens' Committee (now known as the Civilian Committee on Coöperation). The sub-committees became active at once. Interviews were had with the Police Court Recorder, Chief of Police, County Prosecutor, Board of Chosen Freeholders, and health authorities. In most of these interviews the Citizens' Committee and the military were represented. The Board of Health was waited upon by the chairman of the sub-committee on medicine, and recommended the appropriation of \$30,000 for providing of venereal disease wards in the isolation hospital. The Board of Freeholders, upon recommendation by the city finance commission, appropriated this amount and the pavilion was built. The Mayor was waited upon by the chairman of the Citizens' Committee and chairman of the Committee on Law Enforcement, together with the law enforcement



representative of the army. He offered complete coöperation. The Police Department immediately became active, began to discover plenty of evidence of violations of law where before it had found nothing, and in fact picked up so many women for examination that the medical committee and health department had to call a halt until additional arrangements could be made to house and treat those infected.

A working agreement was arrived at by the chairman of the medical committee, the police recorder, and chief of police, whereby all persons taken in by the police officers were held, without bail, as disorderly persons, until a medical examination could be made. Those found infected, both male and female, were put under treatment, being either quarantined in the venereal disease hospital or treated by private physicians. Those under the care of private physicians and not quarantined were required to execute a cash bond of \$250 as evidence of good faith and as a guarantee that they would follow out all rules and regulations with regard to treatment, conduct, etc., prescribed by the medical committee. The power of this particular committee is evidenced by the fact that when a new health officer was to be appointed, the names of the various applicants were submitted to this committee for approval, the first time in the history of the city that an appointment of this kind was made without political considerations.

By the combined pressure of public opinion, the Grand Jury, and federal authorities, a live chief of police was appointed. The foreman of this Grand Jury, who was both expert and fearless in that capacity, did much to strengthen the arm of the federal government and citizens in their mutual effort to get action from the city's officials.

The women's committee, in coöperation with the Y. W. C. A. and the Section on Women's Work of the Commission on Training Camp Activities, started an important series of lectures to women employed in various industries of the city and to parents, in school buildings at night. The men's educational committee arranged talks before draft men, state militia, home guard, rotary club, and various other civic and fraternal organizations.

The industrial committee arranged with employers of labor to distribute literature, post placards, and insert in pay-envelopes leaflets on venereal diseases.

From time to time it was found necessary to exert additional War Department pressure. For instance, it was found that a few lawyers and doctors in the city appeared to be more interested in their fees than in the successful prosecution of the clean-up program. In order that both these professions might become familiar with the government's wishes, a joint meeting was held and addressed by representatives of the Law Enforcement Division. At the conclusion of the meeting the president of the Bar Association publicly stated that in case any member of the legal fraternity in the city gave evidence of anything other than complete coöperation, his name should be sent to the Bar Association and steps would be taken to correct the attitude of mind of the obstructor.

An investigation of road-houses in the country districts surrounding the city disclosed that many of them were catering to prostitutes and their clients. An interview with the County Prosecutor on this subject by the chairman of the Citizens' Committee and the sub-committee on law enforcement, in company with the army representative, sufficed to start an intensive drive against this traffic in these places by the Prosecutor's office. A later survey proved that its efforts were most successful.

One of the city's hotels was discovered to be an assignation resort. Evidence was secured implicating the hotel clerk, a bell-boy, housekeeper, laundress, and two chambermaids. Knowing how difficult it is to secure court evidence against a hotel, a short cut was recommended, and the proprietor of this place invited to the office of the chairman of the sub-committee on law enforcement. The chairman had in his hand all the evidence, and wasted no words in impressing the hotel proprietor with the fact that he "had the goods" on his place. By a combination of fair play, patriotic appeal, and threat, this place was entirely cleaned up, as was disclosed by investigations carried out since then. The women involved were reported to the Medical Committee and examined.

To establish his sincerity in the matter, the Mayor of the city employed a private detective agency to investigate local conditions, realizing that the men on the local force were well known by the vice crowd. After sufficient evidence had been secured, a big raid was planned for one night, in which nineteen houses were cleaned out and about fifty persons arrested. The keepers of the disorderly houses were all held in \$5,000 bail, and the inmates in \$1,000 bail.

As an evidence of the effectiveness of this campaign, two statistical tables are appended. These tables indicate that one hundred and fifty-nine persons were examined. The first table shows the distribution of these cases according to sex and color.

DISTRIBUTION OF CASES ACCORDING TO SEX AND COLOR

SEX	WHITE	COLORED	TOTAL
Males.....	34	5	39
Females.....	86	34	120
Totals.....	120	39	159

It will be noted from the above table that this campaign was not confined to women, but that thirty-nine men were also passed through the same medical mill. It is significant too, that about three times as many whites as colored were examined.

The next table shows the results of these medical examinations, divided between males and females, white and colored; also the percentage of infection.

RESULTS OF MEDICAL EXAMINATIONS

	MALES			FEMALES			Total
	White	Colored	Total	White	Colored	Total	
Number infected.....	20	4	24	58	29	87	111
Infected per cent.....	59	80	74	67	85	73	70
Syphilis and gonorrhea.....	0	0	0	6	6	12	12
Syphilis alone.....	11	3	14	42	20	62	76
Gonorrhea alone.....	9	1	10	10	3	13	23
Not infected.....	14	1	15	28	5	33	48

It is seen that one hundred and eleven of the one hundred and fifty-nine persons examined, or seventy per cent, were infected,

twelve of them with both gonorrhea and syphilis, seventy-six with syphilis alone, and twenty-three with gonorrhea. The preponderance of syphilis over gonorrhea is doubtless due to the fact that the Wassermann reaction is far more accurate than the routine examination for the presence of gonococcus infection.

The police blotter in this city discloses some interesting information, when studied in connection with the letter of the Acting Chief of Police, quoted above, in which he stated that no evidence of prostitution in his city could be secured. The police records appear to bear out this statement, for only three arrests on this charge were made from October 27, 1917, to February 23, 1918. The matter of securing evidence appears to have taken on a different complexion, however, as soon as the Civilian Committee began to make its voice heard, for between April 22d and November 25th sufficient evidence was secured to justify the police in arresting one hundred and fifty-nine individuals, and nobody claims that the task is completed, even now.

This story has been reviewed in considerable detail, to show how effective an aroused, organized, and focused public opinion can be in getting action out of an otherwise quiescent city administration. An aroused public opinion, left to itself, is apt to be expressed in extreme and futile endeavor which tends, not only to burn itself out by the heat of its own enthusiasm, but to drag the whole movement with its sponsors into disrepute. There is especial danger of this in the fight against venereal disease. On the other hand, if this public sentiment is carefully organized and wisely directed, and represents the solid mass of the city's electorate, definite results are certain to be produced. Nothing, even an inert body of public officials, can stand in the way of such a citizens' movement; nor, for the most part, would any official body attempt to obstruct such a movement. For, after all, officials will produce whatever their constituency demands of them when this constituency is so organized that it can make its wishes known.

It is often asked whether such a movement will be permanent, or whether, when the War Department ceases to function as a disturber of official slumber, the municipalities in which it has

been active will revert to their former inaction. This will depend entirely upon the people. Those towns which have been organized with committees such as described above, have in their power the possibility of keeping alive the people's interest in this subject. Education, in the last analysis, is the answer. A continuous process of agitation, stimulation, and publicity, in order that the simple facts of venereal disease shall become common knowledge, should be sufficient to ensure an intelligent official coöperation and a gradual solution of this, the most difficult public health problem.

## BOOK REVIEWS

**SEXUAL SCIENCE; KNOWLEDGE A YOUNG MAN SHOULD HAVE; KNOWLEDGE A YOUNG WOMAN SHOULD HAVE; KNOWLEDGE A YOUNG WIFE SHOULD HAVE; AND KNOWLEDGE A YOUNG HUSBAND SHOULD HAVE.**  
By Dr. A. A. Philip and H. R. Murray. Philadelphia: David McKay. 5 v.

These books by English authors make up a series of treatises in some respects similar to the type of book which has been on the market in the United States for a number of years. In many respects the work of Philip and Murray is distinctly superior to the work of Sperry, Hall, and others who have given copious advice to young men and women. Philip and Murray have both worldly wisdom and a sense of humor, qualities that are rare in writers in the same field. In fact, there are places where Philip and Murray may almost be said to be cynical, but, on the whole, the advice which is given to young people, both married and single, is good-natured, sound, wholesome, and refreshingly free from the customary pathological emphasis. These books are readable: they invite perusal by their literary qualities rather than by the morbid revelations made. The style of the authors, in many respects, is like that of Havelock Ellis.

A striking distinction in the material presented by Philip and Murray lies in the fact that the whole group of books is written from the characteristic and normal, rather than from the morbid point of view. As the authors say, "It is not the purpose of this book to deal with the exceptional conditions of married life, but rather with the characteristic. The reader who would study such matters should be referred to those medical books which treat of nervous diseases and disorders." Very little is said about venereal disease, and next to nothing about prostitution.

There is ample room for controversy on the point of view taken by Philip and Murray at a number of places in the course of their five books. For example, many people would not agree with the following:—

A pure alcoholic drink is not the agent of the Devil, as some people suppose; it is as wholesome as tea if drunk in moderation and at reasonable times. But we would urge upon the reader that if ever he feels he can not do without it, it is a signal to him that he *can* do without it, and that he will be far better if he never touches it.

Following this is given a list of beverages which contain a low percentage of alcohol! In a paragraph on pipes and cigarettes, the author advises that the use of the pipe is distinctly preferable. He says:—

Smoke slowly; use the pipe in preference to cigarettes; finally and above all, *do not inhale*—you are entitled to a little self-congratulation, that you have, by acquiring the taste for smoking, achieved a triumphant victory over a few of the worst poisons known, but that is no reason why you should allow your whole system to become imbued with your potent, though defeated, enemies.

Especially in the book entitled *Knowledge a Young Husband Should Have* is the sagacity of a man of the world passed on to those standing in that position of special need of counsel. Not a very large part of this book, or of the others, is given to biological or medical discussion, the author calling attention to the fact that, after all, "many and many a married couple, ignorant of, and sublimely indifferent to, all published theories concerning sexual matters, have nevertheless managed to bring their bark safely to port after a long, prosperous and happy voyage over the Ocean of Life."

Philip and Murray deal rather with the social and psychological factors involved in the success of marriage. Here and there they poke a little fun at the customs of British matrimony, as, for example, the following: "The British idea of married life is still too closely associated with the harem system," and "A hobby suppressed means a hubby embittered."

One is inclined, in reviewing this series of books, to make elaborate quotations to show their really singular interest. It is somewhat difficult none the less to say for whom they make safe and valuable reading or to whom they may be recommended as wise counsel. Even the two intended for young men and young women and the book entitled *Sexual Science* are too difficult in style and too intricate in thought to be recommended to uneducated young people, or even to high school students or freshmen in college. To any person who enjoys thoughtful discussion of phenomena of sex in life, and who has the

necessary background of education to understand them, and the well-balanced judgment not to be misled at any point by them, these books may be heartily recommended.

W. C.

**THE PSYCHOLOGY OF MARRIAGE.** By Walter M. Gallichan. New York: F. A. Stokes, 1918. 300 p.

"The Psychology of Marriage," by Walter M. Gallichan, is rather obviously written for non-American readers. In this country in discussing social hygiene, we have reached the stage where a person who proposes to deal with the more advanced aspects of social hygiene does not need to review all the elementary anatomy and psychology of sex, as does the author of this volume. To those among us who may be interested in the more complex phases of sex psychology, the question as to whether instructions in sex matters should be given before maturity, is also a dead issue.

It is difficult to imagine to what group Mr. Gallichan did address his book. It is not wholly popular, it is not altogether scientific, much of it would not interest the unengaged, and it is not a teachers' guide.

As a whole it impresses one as a compilation prepared on a vast amount of material written by a person who has a realization of the seriousness and complexity of the sex problem and who has a most earnest desire to get across some such understanding to those who are either utterly indifferent or hypersensitive. Perhaps that is the key to this rather sentimental handling of some of the factors he discusses. His statement that "positive teaching of sex ethics, hygiene of conjugality and human-culture must supersede present negative morality" shows Mr. Gallichan's purpose to be good.

It would have made the book doubly valuable to those who are not already familiar with Mr. Gallichan's reputation, had he taken his readers into his confidence sufficiently to state his methods of arriving at some of his conclusions. His statement, for instance, that "erudition, academic distinction and a reputation for intellect, may exist with the deepest ignorance of sex" is an important one, but would have greater weight as an argument for sex instruction had his scope and methods of observation been given. That is likewise true of his statement, that "innately the girl tends to be more modest—and subject to disgusts than her brother." People are beginning to

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seriously question just how much of the adolescent attitude is really innate and how much the outcome of social pressure. At some points the author quotes authorities to such an extent that one unfamiliar with many of them is inclined to wonder with what discrimination they may have been chosen.

Mr. Gallichan discusses the historical and sociological importance of sex ably in his first chapter. He then takes up premarital problems such as courtship, chastity, and choice of mate. It is splendid to find that he stresses the positive rather than the negative sanctions for continence. His discussion of courtship is also good so far as it goes. He does not take into serious consideration however, that, especially since the war began, men and women have been working together and that these joint interests are giving increasing opportunity for companionship and knowledge of each other without the self-consciousness that a purely social courtship induces. Men and women are more frequently uniting on other planes than that of sex attraction.

To pass on to Mr. Gallichan's discussion of marital questions, the reviewer is inclined to believe that the author's subconscious wish for a definite ideal sex life for men and women tends to make him over-prove and thereby weaken his position. It is probably conceded by most modern writers on social hygiene, that some form of monogamic family life is desirable for the average person in which sympathetic interests and congeniality shall express themselves in physical as well as spiritual union. The risk of over-sublimation is recognized as well as that of under-sublimation. However, when the author quotes the statement that there were a hundred and fifty cases of uterine fibroid tumors of which eighty-four per cent were due to the denial of pregnancy and that "more than a third of the patients were unmarried," one is inclined to seek further corroboration of so serious a fact. The same is true of his discussion of the beneficial effects of intercourse on the husband, and quotes a "rapid cure of an obstinate bronchitis," and the lessening of "bad temper by withdrawing blood from the brain" and again "phreno-cardia, an affection of the heart, has been relieved by wedlock."

His discussion of frigidity in women is good. He emphasizes the development of frigidity by generations of "continual and powerful insistence on the unimpeachable chastity of brides." The intense solicitude of man for women's purity and modesty, would tend naturally to the accentuation of these qualities. The conclusions of Dr.

Francis N. Maxfield, of the University of Pennsylvania, based on careful inquiry among normal women, would seem to justify the belief that women are normally capable of sexual response but that over-inhibition has been developed by lacking or faulty education, or by the unwise or unsympathetic approaches of the husband.

There is no doubt but that the findings in the field of sex psychology might profitably be interpreted for the unmarried as well as for the married. But sentimentality in presentation weakens the appeal of the author to the keen student. "If a suitor's handgrasp or kiss does not whisper of heaven to a woman's heart, he is not the lover of her natural desire." "If wedlock is not a nest, it can only be likened to a cage. . . . The night fails to 'hallow the day' for the unmated, and the morning brings secret thoughts of rupture and separation." The author's intentions are good, but he fails to add to the knowledge of those who already agree in general with him, and he cannot convince his skeptics by this method.

S. W. E.

**HOW TO KNOW YOUR CHILD.** By Miriam Finn Scott. Boston: Little, Brown & Company, 1918. 316 p.

Those who are familiar with the work of Miriam Finn Scott in the study and interpretation of child life will expect a great deal from any volume issued under her name, and in this instance they will not be disappointed.

In her preface the author credits whatever she has to say that is original or unusual to the children themselves, who have opened their souls to her. The purpose of her book, as she herself has phrased it, is "to try to interpret children to their parents, to try to help parents see the vast riches, but dimly seen or perhaps not perceived at all, that exist unutilized in their children, and to try to help parents recognize and develop this wasted human wealth."

In a style which is both informal and illuminating, Mrs. Scott makes plain the fundamental principles of child training, illustrating them with many delightful bits of child life. Especially needed by parents is her statement that those qualities that we are prone to label flaws in our children are simply misdirected energies which in their normal condition are both right and admirable. It is her endeavor to lead mothers to apply this great principle in training their children. And it is especially from this point of view that she would urge a care-

ful study of these unfolding human beings whose future will be so largely determined by the treatment they receive at the hands of their parents.

"Our children are what we make them," says Mrs. Scott, and in her closing chapter she applies this thought with searching directness. "We must look deep down behind the symptom, and if we look with honest, open eyes, we will often find that the source of the disease lies within ourselves, that in reality we parents are the problems, not our children."

This statement, the foundation stone of all true child training, is but one of many of such profound value that every mother who has the best interest of her child at heart will hasten to secure and to study carefully this valuable book.

R. W. C.

**CRIMINAL SOCIOLOGY.** By Enrico Ferri. Boston: Little, Brown & Co., 1917. 577 p. (Modern Criminal Science Series).

We owe a considerable debt of gratitude to the learned translators, each of whom has suffered an untimely death, Joseph I. Kelly and John Lisle, for their well-performed task in translating for us this work, so well known abroad, by Enrico Ferri, sociologist, socialist leader in the Italian parliament, and professor of criminal law in the University of Rome.

Ferri covers a large field in his work, and covers it with distinction, using a vast array of facts and showing familiarity with the views of many authors. Indeed it is his orientation of his own point of view in relation to other writers and his occasional, but not overdone, discussion of the conflicting theoretical schools of criminology that make the perusal of his treatise an intellectual treat. And his dissertation is altogether to the point, for the last part of the volume consists of seven chapters, under the caption of Practical Reforms—a well-balanced consideration of the machinery of public justice and penal administration. There is a good deal of shrewd commonsense distributed throughout Ferri's handling of his many topics, e.g., while he says that, given social conditions as they are, the criminal act may be, and often is, an act determined by necessity on the part of a person inevitably predisposed by nature to crime, nevertheless the state has also its own predetermined necessities. If the criminal says to the state, "Why do you punish me for an act from which it is impossible for me to abstain?" the state can reply, "For the

sole reason that I likewise am unable to abstain from punishing you in the defense of law and society." Then also Ferri insists wisely that crime is always the product of the nature of the man plus the environment. And particularly valid is his emphasis on the fact that is growing more and more apparent, that "neglected childhood is the source and seed of habitual criminality and recidivity."

While respecting the eminent soundness of much that appears in the work, fairness to the science of criminology as it has now developed demands at least some remark on the limitations of Ferri's conclusions. In the first place he writes about material derived almost entirely from the Latin races and, then, while he freely acknowledges the part that study of the mind must come to play in criminology, his data of mental life are a hundred-fold less complex than modern studies in psychology show. Strangely naïve is Ferri's repeated statement that when he goes out into the practical field he can pick out types, especially the murderer type—"I distinguished it in one young soldier out of seven hundred." Of course we are well aware that America does not correspond at all to Italy in the findings of stigmata among the population, but generalizations should hold true in other than one's own locality. Nowhere do we find students here so easily passing on past or present conduct possibilities in the individual, even of peculiar appearance. The reviewer confesses, too, that Ferri's attempt to formulate a "Law of Criminal Saturation" lacks impressiveness because its statement that—"in a given social environment with definite individual and physical conditions a fixed number of derelicts, no more and no less, can be committed"—is so broad that the modifications of a delinquent's career which may be made and which do lessen crime are included—of course they form from their very inception part and parcel of the social environment or the individual or physical conditions.

The true value of such work as Ferri's in criminological science is at the present day to be estimated only in light of the fact that modern studies of the mental life concerning native capabilities, traits, and dynamic experiences present a new phase of the subject which in its direct applicability to the individual problem, and hence to the prevention of crime in general, overshadows in practicability all other considerations, particularly those that are purely theoretical.

W. H.

**THE DOUBLE STANDARD; FACTS FOR FIGHTERS; IF EVERY MAN WERE STRAIGHT.** By Oswald C. J. Withrow. Toronto: Young Men's Christian Associations of Canada, 1918. 3 pamphlets.

These are three well printed, small but compact booklets, written by Oswald C. J. Withrow, M.B., M.R.C.S. (Eng.), and issued by the Young Men's Christian Associations of Canada. The subject-matter of each is conveniently divided into small chapters. The scientific facts of sex hygiene and venereal disease are well presented though there seems to be considerable duplication and some exaggeration of statement. Each booklet ends with distinct moral and religious appeals for continent living.

*The Double Standard.* This booklet points out the inconsistency of the double standard, charging that it is "as illogical as it is cruel, and as selfish as it is destructive." The writer believes that the double standard originated "in those dim and distant ages when woman was man's maid and chattel; that it has been kept before the people up to the present hour because of the ignorance of the great majority of the human race about actual sex conditions among men and women and because of the supreme selfishness of man." The only distinction which might account for the acceptance of the double standard is that "woman is more sexual than man, while man is more sensual than woman." The injustice, disease and suffering following as a result of the double standard are aptly described.

*Facts for Fighters.* About fifty per cent of the matter of this booklet seems to have been taken bodily from the official pamphlet of the Army Section, Social Hygiene Division, Commission on Training Camp Activities, entitled *Keeping Fit to Fight*. There are, of course, deletions and additions which, on the whole, have not succeeded in making this booklet an improvement over the original. The paragraph advising the reader to take the early (prophylactic) treatment, if, in a moment of weakness, he fails to keep out of the way of temptation, has been quoted bodily, which does not seem to be in accord with the statement in *The Double Standard* denouncing such instruction as "disastrous teaching." This apparent inconsistency may be accounted for by the fact that it does not seem to be clear in the author's mind that the distribution of a prophylactic packet and the administration of treatment as followed by the Army are two entirely different procedures.

*If Every Man Were Straight.* This booklet is divided into twenty-eight small chapters practically every one of which begins with the words "If every man were straight . . . " It is for the most part a restatement of the arguments in *Facts for Fighters*, but the appeal is somewhat more idealistic than in the other booklets. It would seem that the following statements are exaggerations:—

If every man were straight practically half the amount of insanity in the world would be done away with.

If every man were straight the average life of mankind would be at least one-third higher than it is today.

The advice given in this booklet is that the prophylactic treatment be taken in case of necessity, but the question is raised as to whether repeated treatments may not be the cause of stricture of the urethra owing to the chemical irritation on the mucous membrane.

In conclusion the author advises that we begin "to drain the slough now" by urging every man to begin to live straight at once.

H. E. K.

THE HOSPITAL AS A SOCIAL AGENT IN THE COMMUNITY. By Lucy Cornelia Catlin. Philadelphia: W. B. Saunders Company, 1918. 113 p.

Too often the hospital proves to be an institution catering primarily to the needs of so-called hospital cases; that is, those desperately ill and those needing surgical attention. A wide gap exists between the hospital and the ordinary medical requirements of the community. Modern social service bridges this gap and links together the various agencies which are often necessary to serve the patient.

In this book the author explains the organization of hospital social service, its relations with other agencies, how it serves the individual and the community, at the same time showing some of the difficult problems related to it. The important rôle the hospital may play in the general public health program is developed and emphasized. The definite purpose of the hospital or dispensary social worker it is explained, should be:—

First, to procure adequate treatment for the alleviation of suffering, or for the removal of a handicap in the individual; second, to assist in combating

disease in the community; and third, to take up the more distinct social problems which affect the life and health of the community and the state of society.

Opportunity for service in the program of controlling venereal disease is ranked second in importance; tuberculosis being given first place. It is pointed out that because of recent publicity and an increasing interest on the part of the public, the venereal disease problem, in spite of difficulties which a short time ago seemed unsurmountable, offers ripe opportunities for the hospital social worker.

Other problems discussed are those of the unmarried mother, the hospital child, and methods of organization and administration.

Numerous interesting case histories are quoted in full. Several half-tone illustrations add interest to the book and facsimiles of various hospital record forms, cards, and history sheets are reproduced.

The book should prove helpful, especially at this time when health authorities and the public at large are fully aware of the importance of preventing disease—especially venereal disease—by means of controlling the carriers, through health regulations, hospitals, dispensaries, and educational methods.

H. E. K.

THE PREVENTION OF VENEREAL DISEASES. By Otto May. London: Henry Frowde, 1918. 240 p.

With the exception of his views on personal prevention or artificial prophylaxis, Dr. May's opinions, as expressed in his book "The Prevention of Venereal Diseases," recently published in England, would meet with little opposition were they proposed for American adoption. In fact, they are in line with our present policy.

Dr. May condemns brothels, houses of prostitution, and red light districts on the basis of European experiences as well as logic. He makes a strong appeal for moral prophylaxis, advocates education and instruction, and goes rather farther in the way of sex instruction in schools than we are going at present. He thinks most American laws providing for examination for venereal disease before marriage are ill-considered and impracticable.

Opinion in this country, however, is not in agreement with Dr. May when he endorses, as he does very emphatically, personal prevention of venereal diseases, not only by means of early treatment

stations but also by means of prophylactic packets to be sold in drug stores and by vending machines. He would have health departments, either directly or indirectly, through medical societies, fix the formulae for such preventives and then direct their sale and use.

In the appendix to this book is a long list of British clinics for venereal diseases, most of which have been established since the Report of the Royal Commission on Venereal Diseases.

W. A. E.

THE TREATMENT OF SYPHILIS. By L. W. Harrison. Oxford: Clarendon Press, 1917. 74 p.

The monograph on syphilis by L. W. Harrison, D.S.O., was published by the Oxford Press in *The Quarterly Journal of Medicine* and later reprinted in a pamphlet consisting of 74 pages of large, readable type, the last three of which are devoted to a complete bibliography. The D.S.O. (Distinguished Service Order), conferred by the British Government upon Mr. Harrison, is a degree given to but few medical men, therefore we infer that the author must have rendered a valuable service to the state in his treatment of venereal diseases in the British Army.

This treatise was evidently intended as a handbook of instructions for his subordinate officers in the treatment of syphilis, and as he treats the subject from a medical standpoint only, it would be of little interest to the average layman. The first few pages of this book are given over to a description of the arsenical compounds from which "606" or arsphenamin and "914" or neo-arsphenamin are derived. He explains the different apparatus that are available for the administration of the remedies, and describes in detail the various techniques involved in their use.

The intramuscular, subcutaneous, and intravenous injections of "606" and "914" are carefully described, with special emphasis on the fate of these remedies after they are injected, their reaction on the tissues and their ultimate elimination.

Of special interest is the chapter devoted to the complications that often follow such treatment. Here every unfavorable symptom is carefully considered with the remedy for its immediate correction. Much knowledge is to be gleaned from the book on the cause of these unfavorable reactions. If these directions are carefully car-



ried out, the fatalities that occasionally occur following the use of these specifics will be most uncommon.

For any medical man desiring a reliable and accurate guide in the treatment of syphilis with arsphenamin and neo-arsphenamin, this book is especially valuable.

B. C. C.

**SEX-HYGIENE.** By Frederick H. Gerrish, M.D. Boston: Gorham Press, c 1917. 51p.

This little book is a lecture to college boys, which for a number of years has been given to the Freshman class in Bowdoin College. Professor Gerrish presents briefly, but clearly and emphatically, the essential facts on a number of sexual topics of interest to young men. While primarily dealing with physical sex health, ethical and social appeal is made in discussing such topics as: "Personal and Community Rights," "The Basis of Marriage," "The Relations of Husband and Wife," "One's Duty in Sexual Matters."

On the whole, this is one of the best brief lectures on sex-hygiene for young men. It ought to be studied by every one who writes or lectures for boys and men of any age.

M. A. B.

## NOTE AND COMMENT

*London Street Women.* Mr. Edward Bok, the well-known American editor, who has been in London on a special mission for the past two weeks as the guest of the British Government, made the following statement last night to a representative of *The Times*.—

As against all the splendid efforts that the British people are making in behalf of our American soldiers, there is nothing, in contrast, that has surprised and depressed me so much as the apparently uncontrolled solicitation of our boys by women on the London streets and in hotel lobbies, lounges, and restaurants. I have been in a great many large cities, but I have never seen a more disgraceful condition than is witnessed in the London streets every evening. This condition is so evident and apparently so well known that it needs no detailed description at my hands. Our boys are openly solicited, not only by prostitutes, but by scores of amateur girls.

It will instantly be said that this is a difficult matter for the government to control. Perhaps. But a fundamental matter of this sort cannot be dismissed on the ground of difficulty. We in the United States grappled with it as an instrument of war, and today we are on top of it. Such an act as a solicitation by a woman on a street in New York City would be an impossible occurrence, and this result was simply brought about by a conscientious Police Commissioner, with proper authority, who determined to rid the streets of these women and close as many houses of ill-fame as possible. Not only is this true of New York City, but of Philadelphia, Boston, Chicago, St. Louis, San Francisco, and New Orleans as well, where the so-called "red light" districts in those cities have been wiped out and the women either arrested or put to work.

The federal authorities in the United States have shown that it is possible to minimize the social evil in large cities and around the military camps and naval bases by throwing a five or ten mile prohibitory zone around them. The British Government has, therefore, a precedent established—a concrete example of a government successfully grappling with this problem.

But all this is of small avail if we send our soldiers clean-blooded and strong-limbed over here only to be poisoned and wrecked in the London streets. We should not be asked to send our boys here to be morally crucified. It is unfair to them; it is unfair to the great cause for which we are fighting; it is certainly unfair to the American mother.

I say it with care and thought that, if the American women knew what was going on here in the streets of London, there would be an outcry that, in volume and quality, would be extremely unpleasant to the people of Great Britain.

Furthermore, it might prove to be a serious factor in an agitation to check the flow of American troops.

Before anything of this sort happens, I appeal to the British Government and to the people of Great Britain to take up this unpleasant subject actively and deal with it forcibly. What is needed is an aroused public sentiment insisting upon vigorous government action.

I am aware that some effort has been made through the women's patrol and other agencies, which have done excellent work. But that is simply touching the fringe of the question—is not getting at the heart of it. This is not a work to be left to private organizations: it is distinctly a matter for the government. It is the government's responsibility. If an American soldier seeks out a house of ill fame, then the responsibility is his, and it becomes a personal matter with him. But where the temptation is allowed to beset him on every hand in street, hotel, and restaurant; where it is thrust upon him; where he is deliberately sought and solicited in public, where government authority is, or should be, supreme; then the responsibility is that of the government which allows such a traffic to go on apparently with its sanction. I use the words "with its sanction," for what other conclusion can I reach?

I am told by some whose positions carry authority that there is, in reality, a public acquiescence with this traffic based on the argument that the men who are making the great sacrifice must be permitted certain indulgences while away from home. I cannot believe this. I cannot believe that the moral standards of the decent people of Great Britain and of the United States differ so widely on such a fundamental question. If so, I have read my British history wrongly. And yet I confess I find myself in the deepest perplexity as to why this shameful condition of the London streets and the English camps is allowed to persist at a time when every one of our boys needs every ounce of vitality that it is possible for him to acquire, and when this is, of all times, the very last to allow him to be shot through with disease.

I am sorry to have to say all this while I am here as a guest of the British Government; it seems in a way discourteous. But the object of my visit here is, as I understand it, to help to cement in every way possible the relations between Great Britain and the United States, and this question has become essentially an international one. If, after the war is over, the two countries are brought more closely together, as is the desire of all of us, we in America will naturally recur to the treatment given our boys while they were guests on British shores, coming to help to win the war. Is it going to help those relations to have us remember how the government failed to protect those boys from the most pernicious diseases possible to them at this time; how, in perfectly plain language, you are surely undoing here what we have done in the United States? For that is the unpleasant truth, and it is this point that I ask the people of Great Britain to face and ponder over.

I waive the moral and sociological aspects of this question; I want to put it squarely on a basis of fair play; as a matter of physical fitness; as a war measure.

Under the Defence of the Realm Act, your government, as I understand it, can act. If the power is not there, it should, and can, be had forthwith. But as a matter of simply fair play to the American boys and to the American women, the evil should be stamped out at once. It must be. It is inconceivable that so grave a danger to our troops should be allowed to go on.—From *The Times*, London, September 24, 1918.

The publication of this interview brought to *The Times* the following letter which was published a day or two later:—

*To the Editor of The Times:*

Sir—I have read with interest Mr. Edward Bok's statement in your issue for today. He does not overstate his case.

I have been in nearly all the big camps, barracks and naval and flying stations in the United States, and have seen the steps taken by the United States Government to prevent drunkenness and immorality among their soldiers and sailors. They have made it nearly impossible for any man in uniform in the United States to obtain drink or to consort with a prostitute. As a result, their men come here in the condition of trained athletes. There can be no finer body of men in the world.

When they land they find it easy to obtain intoxicants, and almost impossible to avoid solicitation by young women. As a result many, even very many, of their men are infected with contagious diseases before they proceed to France. The matter has caused the liveliest concern among many American officers. When known in America there will be, as Mr. Bok says, "an outcry . . . in volume and equality . . . extremely unpleasant to the people of Great Britain."

It frequently happens in war that the standards of life deteriorate under the strain. In this war the strain has been intense for more than four years. Very large numbers of young women, all subject, as we all are, to the strain of the war, have been removed by the events of war from the influences of home; their fathers, brothers, and husbands have gone to the front, and they themselves have been left in easy circumstances with every temptation to take what pleasure they can. This condition of things exists in other belligerent countries in Europe, perhaps in all; for in all there are many young people saying, "Let us eat and drink, for tomorrow we die." In this country it is more open and more easy to see than in others.

As it is a condition of things which will most surely harm our prospects (to put the matter on its lowest side first) in this war, by making countless casualties, and make it difficult, after this war to coöperate, as we hope, in deep and lasting friendship with the United States for the maintenance of the peace of the world, I hope with Mr. Bok, that "the evil" may "be stamped out."

Yours sincerely,

Oxford, September 24.

JOHN MASEFIELD.

*Advice to Soldiers in Paris.* An official memorandum to enlisted men stationed in and visiting Paris, after reminding them that people

of every nationality will judge our army by their conduct, advises the men in regard to their general behavior and soldierly bearing and contains the following warning:—

**STREET WALKERS.** You will be accosted many times by public women. Venereal disease is prevalent among them and to go with them invites infection which will not only do you great bodily harm but will render you ineffective for the purpose for which you are in France. Dictates of morality, personal hygiene and patriotism demand that you do not associate with such women.

The addresses of the eight prophylactic stations in the city are included in the memorandum with the direction that men who may be exposed to venereal infection report within four hours.

*Letters of Vice Admiral Wilson.* Recently, Secretary of the Navy Daniels made public two letters issued by Vice Admiral Henry B. Wilson to the naval forces operating under his command in European waters, which met the approval of Vice Admiral Sims to such an extent that he cabled them to America. Mr. Daniels, in turn, wanted the public to have them because they "expressed so well the spirit of the American Navy." The first relates to the conduct of officers ashore, and the second to the conduct of men on liberty.

That addressed to officers reads:—

It seems to be the idea of a few individuals that the uniform of an officer bestows upon the wearer special privileges and license. That this is a false and fatal idea it seems hardly necessary to state.

The uniform of an American officer stands for honor and responsibility. At this time in our nation's life it represents the highest kind of a calling. Everything noble in our nation should be symbolized by that uniform and it should not be brought into disrepute by any action of its wearer. It should be seen amid worthy associations and in places where no disrepute can stain or action of its wearer discredit it.

In a foreign land your responsibility is increased, for strangers scrutinize you and judge your nation by your conduct.

There is no judgment of our country that will be more searching or severe than the judgment upon its officers. They are supposed to be picked men, leaders, trained, educated, responsible. In France you are making the reputation of America.

Your commission calls for moral responsibility as well as military activity. The eyes of a great nation are upon you.

It should not be necessary to point out to any officer the fact that he is an example to his men. No unit will ever rise in conduct higher than that of

its officers. Your men know you better than you think, and their judgment upon you is searching and severe. Unconsciously they catch your spirit and follow your example.

Therefore, it becomes necessary for you to enter heartily into the spirit of those rules which are made for the guidance and government of the service. Let your men see you always the master of yourself, clean, temperate, and discreet in your actions and associations, avoiding always the very appearance of evil, by habit, bearing, and language winning their confidence and respect.

Though we are outside the bounds of our own land, its laws and customs have not changed. We are still responsible to the moral law of our own home and our own country.

To enlisted men, Admiral Wilson said:—

We are guests in the house of another people. Our home will be judged by our conduct in theirs. We still live under the rules, laws and spirit of the place from which we come.

Every great nation in history has stood for some one definite idea; Greece for beauty, Rome for law, Israel for religion; America, in the eyes of the world, stands for freedom and the ideal of manhood. We must not shake that opinion, but do all that we can to strengthen it.

We have come to this side of the world to record, by the indelible imprint of arms, our protest against that which is brutal, wicked, and unjust, to give expression to that measure of indignation stirred in the heart of America by the deeds of terror which the enemy has written across the face of France.

Our nation stands for everything that is contrary to the spirit of arrogant power and tyranny. Let us prove that by our lives here.

The only history of America that many of the people of Europe will ever read is that which is recorded by our lives.

Live here the proud, manly existence that is justly expected.

Be courteous, temperate, and self-controlled.

We fight against the Hun's ill-treatment of women; let no man be tempted to do, by insinuation, what we charge our enemies with doing by force. Let the women of France remember the men of America as those who would shield them against all harm, even that which might spring from their defenders.

You would fight the men who insulted your uniform; do not insult it yourself. Let it not be carried into places of disrepute or into any discrediting act. We are here for a great, high, and solemn purpose. Let every personal desire be subordinated to that righteous purpose. Then we will return to our homes clean and proud and victorious.—*New York Times*, Oct. 18, 1918.

*Venereal Disease Control. Standards for Discharge of Carriers.*  
The instructions issued to directors of government clinics operated

jointly by the United States Public Health Service and the American Red Cross in extra-cantonment zones,<sup>1</sup> are in part as follows:—

STANDARD PROCEDURES TO BE FOLLOWED BEFORE DISCHARGING AS NONINFECTIOUS.

*Syphilis.*

A person infected with the *treponema pallidum* may be considered, from a public health point of view, to be free from danger of transmitting the infection when a complete clinical examination . . . shows the absence of any area from which infectious matter can be disseminated.

When a patient is discharged as noninfectious under the above ruling, he must, of course, be plainly advised that his disease is not cured, and that although noninfectious at the time, he may subsequently become infectious to others through contact, and that the disease will probably be transmitted to his offspring until he is actually cured by a proper course of treatment carried on for a definite period. He should, therefore, be warned to remain under observation until such time as complete cure is effected.

In the light of our present knowledge the following seem to be the minimum requirements for cure: No case should be considered as cured for at least one year after the termination of treatment and unless the following conditions have been satisfied: (a) No treatment for one year during which time there have been no symptoms, no positive and several negative Wassermann reactions. (b) A negative provocative Wassermann reaction. (c) A negative spinal fluid examination. (d) A complete negative physical examination, having special reference to the nervous and circulatory systems. (e) A luetin test may also be included.

*Gonorrhea (Clap).*

**Males.**

Before discharging cases as noninfectious, the following four requirements must be met:—

1. Freedom from discharge.
2. Clear urine; no shreds.
3. The pus expressed from the urethra by prostatic massage must be negative for gonococci on four successive examinations at intervals of one week.
4. After dilation of the urethra by passage of a full-sized sound, the resulting inflammatory discharge must be negative for gonococci.

**Females.**

1. No urethral or vaginal discharge.
2. Two successive negative examinations for gonococci of secretions of the urethra, vagina, and the cervix, with an interval of 48 hours and repeated on 4 successive weeks.

<sup>1</sup> Diagnosis and treatment are not considered in these instructions.

(This rule is laid down as the best practical method at our disposal at present, but it is fully realized that such negative findings may not in every instance be conclusive as to freedom from infection, and the patient should be requested to return at frequent intervals for subsequent examination. In fact, all the foregoing rules governing discharge as noninfectious are tentative and will be subject to revision should the combined experience of directors of clinics or others indicate the necessity therefor.)

*The New York State Venereal Disease Committee.* The New York State Health Department has organized a venereal disease committee. The object of the committee is "to direct, so far as possible, legal and practicable, the work against the venereal diseases engaged upon by the State Department of Health,—including the formulation of plans of action; selection and approval of hospitals and dispensaries already established or the establishment of such facilities when that is found necessary; coöperation with the legal and health authorities and social hygiene organizations in executing the law and educating the public in the measures necessary for the most efficient control of the spread of these diseases."

A plan of organization and a program were adopted in September, 1918. Special stress is laid on the establishment of venereal disease clinics, dispensaries and hospitals. It is urged that clinics should be established with a threefold object in view, (a) instruction or consultation, (b) prophylaxis, and (c) treatment. In establishing facilities for treating cases of venereal diseases three classes of patients are kept in mind: the patient apprehended by the law, the patient who voluntarily seeks treatment, but is unable to pay for same, and the patient who voluntarily seeks treatment or advice and is willing to pay for the same.

Careful attention is also given to the number of clinics necessary; to the locations in regard to the size of cities and towns; relations with child welfare and tuberculosis clinics, neighboring hospitals, etc.; hours for holding clinics; and the personnel and laboratory facilities.

The general program adopted is as follows:—

***Legal:***

1. Secure the formulation and adoption of rules and regulations along the line suggested by the Commissioner of Health by every municipality in the state.

***Hospitals and Dispensaries:***

2. Provide adequate hospital and dispensary or clinical facilities for treatment in every first, second and third class city and other communities. Combine this clinic with other clinics to form a health center when possible.

\* Public Health Reports, July 19, 1918.



3. In all third class cities and other municipalities when not practicable to have a dispensary or clinic, have a physician qualified to treat venereally diseased persons.

4. Provide for examination, diagnosis and treatment of all confined in penal institutions, houses of correction or detention and orphan asylums.

*Laboratory:*

5. Make certain that adequate approved laboratory facilities are available to all districts and are employed.

*Records:*

6. Develop in all instances a comprehensive and efficient method of keeping records and a follow-up system so that treatment will be continued to a satisfactory conclusion.

*Social Hygiene:*

7. Organize social hygiene committees or correlate existing activities for coöperation with dispensaries or clinics for the purpose of providing friends or associates of infected individuals with treatment, and to prevent the spread of infection among them.

*Approval:*

8. All hospitals and clinical facilities, methods of treatment and keeping of records to be approved by consultant.

9. Arsphenamine will be furnished free by the State Department of Health, for the treatment of those unable to pay for such treatment, to approved hospitals, clinics, dispensaries or physicians.

*Education:*

10. Have competent speakers (employing one of the films when advisable) address:

1. (a) Medical societies. Society of midwives.  
(b) Public meetings (Chambers of Commerce, Rotary Clubs, Fraternal Societies, Y. M. C. A., Y. W. C. A., K. of C., Mothers' Clubs, industrial organizations, charitable organizations or any meeting arranged under their auspices.  
(c) Normal schools, colleges and universities.
2. For (a) physicians, (b) parents, (c) business men, (d) young men, (e) young women, (f) industrial men, (g) industrial women, (h) magistrates.
3. Manual for health officers.
4. Posters for all rest and recreation rooms.
5. Lantern slides for motion picture houses and stereomotor-graphs.
6. (a) Properly selected newspaper articles.  
(b) Carefully written articles for medical journals, nurses' journals and social hygiene journals.  
(c) News articles for Public Health News (two pages each issue).  
(d) Important articles for physicians and health officers for official bulletin.

*Venereal Disease Control in New York City.* Rules and regulations for the examination, treatment, and isolation of persons affected with venereal diseases have recently been adopted in compliance with Ch. 264, Laws of 1918.

Since the new venereal disease law went into effect the Department of Health has established a special clinic at the Jefferson Market Night Court for Women, and one at the Raymond Street Court. As occasion requires, examinations are made in other courts. The medical inspectors in charge of these clinics examine every person convicted on the technical charge of vagrancy, making the necessary physical examination, obtaining specimens of blood for Wassermann and gonococcus complement-fixation tests, and smears from the genitalia for microscopic examination.

It is of interest to note that about 40 per cent. of some 600 women examined at the Night Court, within the last three months, have given positive Wassermann reactions; approximately 12 per cent. have given positive gonorrhea complement-fixation tests. In only 4 per cent. of the smears examined (from cervixes and urethrae) were gonococci found.—*Weekly Bulletin*, Department of Health, August 31, 1918.

*Requirements for Federal Assistance in Combating Venereal Diseases.* The allotment of \$1,000,000 to the several states for the prevention, control, and treatment of venereal diseases, as provided by the Army Appropriations Act of 1918, is being made under regulations of the Secretary of the Treasury, which require that:—

State boards or departments of health receiving their respective allotments shall agree to the following coöperative measures under which their appropriation shall be expended:—

1. Put into operation through a legislative enactment or a state board of health regulation having the effect of law, regulations in conformity with the suggestions approved by the Surgeons General of the Army, Navy, and United States Public Health Service, for the prevention of venereal diseases. The minimum requirements of these rules are:—

(a) Venereal diseases must be reported to the local health authorities in accordance with state regulations approved by the United States Public Health Service.

(b) Penalty to be imposed upon physicians or others required to report venereal infections for failure to do so.

(c) Cases to be investigated, so far as practicable, to discover and control sources of infection.

(d) The spread of venereal diseases should be declared unlawful.

(e) Provision to be made for control of infected persons that do not cooperate in protecting others from infection.

(f) The travel of venereally infected persons within the state to be controlled by state boards of health by definite regulations that will conform in general to the interstate regulations to be established.

(g) Patients to be given a printed circular of instructions informing them of the necessity of measures to prevent the spread of infection and of the importance of continuing treatment.

2. An officer of the Public Health Service shall be assigned to each state receiving allotments for the general purpose of cooperating with the state health officer in supervising the venereal-control work in the state. . . . The general plan of work for the state bureau of venereal diseases will be:

(a) Securing reports of venereal infections from physicians and others required to report, in accordance with state laws.

(b) Suppressive measures, including the isolation and treatment in detention hospitals of infected persons who are unable or unwilling to take measures to prevent themselves from becoming a menace to others, the establishment of free clinics for the treatment of venereal diseases, and the elimination of conditions favorable to the spread of venereal infections.

(c) Extension of facilities for early diagnosis and treatment through laboratory facilities for exact diagnosis and scientific determination of condition before release as noninfectious, in accordance with the standardized procedure that will be prescribed by the United States Public Health Service.

(d) Educational measures to include informing the general public, as well as infected individuals, in regard to the nature and manner of spread of venereal diseases and the measures that should be taken to combat them.

(e) Cooperation with local civil authorities in their efforts to suppress public and clandestine prostitution. . . .

(f) Accurate detailed records must be kept of all the activities of the venereal-disease work. . . .

3. Local funds that may be available, or that may become available from legislative appropriations or any other source for venereal-disease control, shall be used by the state or city health authorities having jurisdiction for the extension of the work, and such local funds must not be conserved through the expenditure of the funds that are allotted by the Congress through the United States Public Health Service.

4. In extension of the educational measures the state's health authorities and its bureau of venereal diseases shall exert their efforts and influence for the organization of a state venereal-disease committee that will be unofficial in character, but a valuable cooperative agency for furthering the comprehensive plan for nation-wide venereal-disease control.

5. The state health authorities shall take such measures as may be found practicable and decided upon in conference between the Public Health Service and State Board of Health representatives for the purpose of securing such additional legislation as may be required for the development of control of the spread of venereal infections. Action shall be taken to limit or suppress the activities of advertising "specialists" and quacks by prosecuting them under state laws, or such other measures as may be applicable and effective.

6. In expending the sum allotted a state, the rules and regulations to be promulgated by the Interdepartmental Social Hygiene Board for the expenditure of the \$1,000,000 civilian quarantine and isolation fund under control of the Secretary of War and Secretary of the Navy shall be given consideration by Public Health Service and State Board of Health representatives, so that the military necessities of each particular state may receive the consideration due its relative importance, and so that funds from the two sources may be correlated.

7. The state allotment shall be expended along general standard lines for all states and in accordance with an accounting system, to be forwarded by the Interdepartmental Social Hygiene Board, approximately as follows:

- (a) For treatment of infected persons in hospitals, clinics, and other institutions, including arsphenamine and other drugs, 50 per cent of the allotment.
- (b) In carrying out educational measures, 20 per cent.
- (c) In carrying out repressive measures, 20 per cent.
- (d) In general administration and other activities of venereal disease control work, 10 per cent. . . .

8. In carrying out the general government program the administrative organization of the United States Public Health Service will be available at all times to state organizations in coöperative work, and assistance will be given to states whenever possible through the detail of employees, the securing of arsphenamine, providing literature for the educational measures and in such other ways as may be found practicable as the work develops.

W. G. McAdoo,

*Secretary of the Treasury.*

WASHINGTON, D. C., September 4, 1918.

*Meeting National Needs.* The war program of the United States Public Health Service, presented in Public Health Reports, September 27, 1918, "meets urgent national needs by outlining health activities which are practicable, which may be accomplished, and which will yield the maximum result in protecting the health and conserving the man power of the nation. The measures outlined will be concentrated on communities congested by the establishment of cantonments or of war industries and which fall below minimum health standards. They will be extended to communities as personnel and funds become available."

The program includes such public health problems as water and milk supply, sewage disposal, typhoid, malaria, tuberculosis, industrial medicine, and railway sanitation. The venereal disease section proposes:—

(a) Medical measures.

- (1) Establishment of clinics, dispensaries, and hospitals.
- (2) Epidemiological studies.

- (3) Free diagnosis.
- (4) Examination for release as noninfective.
- (5) Free distribution of arsphenamine.
- (6) Control of carriers through detention and commitment.
- (b) Educational measures.
  - (1) Proper reporting of cases.
  - (2) Standardization of pamphlets, exhibits, placards, and lectures.
  - (3) Coöperation with national, state and local authorities, and volunteer associations.
  - (4) Coöperation with Provost Marshal General in educating drafted men to control venereal infection.
  - (5) Coöperative work in industrial plants, shipyards, and railway employees' organizations.
  - (6) Coöperation with druggists' organizations to secure their voluntary aid in the control of patent nostrums for the treatment of venereal diseases.

*Public Opinion Awakening to the Venereal Peril.* Dr. Oscar Dowling, President of the Louisiana State Board of Health, in his report to the Governor of the state, says:—

At last the civilized world has begun to admit the peril imminent from the plague of venereal disease, and today every man and woman, every organization interested in human health and human welfare, is convinced that there must be no delay in public recognition of the evil and institution of a vigorous and widespread campaign of prevention and cure. I need not quote the figures so widely published concerning the number of cases found among drafted men, nor the increase in this country of syphilis during the past six months. Our statistics show for 1916, 174 deaths from this cause, and for 1917, 227 deaths. I leave to you the number of cases which can be estimated from these records.

I am fully aware that many physicians, and other citizens, are skeptical as to the control of this infection; but, to again refer to the experience of others, curative and preventive measures have been put into effect with encouraging results. Heretofore the question has been considered largely in its social and moral aspects. Society has ignored facts which health officers have shown to be true. Now that numbers of our men in the army are in danger of being incapacitated for service from this cause, and the United States Government has called attention to the situation, state and municipal authorities are stirred to action to provide laboratory service, to employ therein conscientious, trained men, and to establish clinics for treatment for the indigent, and for those who can pay a small amount. I am pleased to report that the State Board of Health is unanimous in the conviction that emergency regulations should go into effect. Fortunately, the records in other countries give proof that tuberculosis and venereal disease, so long ignored alike by the intelligent laity and professional men, can be controlled if means be provided to enforce the common-sense regulations which have been effective in the eradication of other contagious diseases.

*The Supporting Resolutions of the Rotarians.* The International Association of Rotary Clubs has pledged coöperation in combating venereal diseases in the following resolutions adopted by the Board of Directors at Washington, D. C., July 31, 1918:—

WHEREAS, the 1918 Rotary Convention, by its adoption of resolution No. 29, committed Rotary Clubs to activities looking to the education of Rotarians and of the general public of each community as to the common danger to everybody from the existence of certain infectious diseases and the necessity of community activity to combat, control, and so far as possible eliminate such diseases; and

WHEREAS, the Board of Directors of the I. A. of R. C. has given careful consideration to this educational problem and to the part that Rotary Clubs may and can take in its solution, and to that end has held a conference in Washington, D. C., with the representatives of the National Council of Defense, the Medical Department of the U. S. Army and the U. S. Bureau of Public Health Service; and

WHEREAS, it appears that the U. S. Public Health Service is about to inaugurate a nation-wide campaign to combat these diseases and requests the coöperation of the Rotary Clubs of the United States in such campaign; and

WHEREAS, it is known that the Rotarians of other nations wherein Rotary Clubs are located are equally interested in the effort to combat such diseases; now therefore

It Is RESOLVED, that the Board recognizes and accepts Rotary's opportunity to undertake to support and coöperate with the governments of the countries in which Rotary is established, in their official programs to combat venereal diseases (which in the United States is at present coöperating with the U. S. Bureau of Public Health Service), and that the object of such support and coöperation shall be to arouse in each community an appreciation of the seriousness of the problem confronting it, and to develop a community consciousness of responsibility on the part of the community to protect itself from such diseases which it has been discovered are destroying the man power of the nation, and to prevent the communication of such diseases to other communities; and

It Is RESOLVED, that the Board pledges the active coöperation of the Association and its member clubs to assist in every possible way this vitally important work, it being understood that any governmental department desiring to work through Rotary Clubs will develop a program of procedure for each community and advise this Board and the several clubs regarding such program and the part which Rotary Clubs may take in it and that such department will furnish the necessary printed matter, and so far as possible the services of representatives for the conduct of this work in each community; and

It Is RESOLVED, that the General Officers and the District Governors of Rotary are directed to coöperate heartily in this work to their utmost ability without neglecting such other work in Rotary as it is their duty to perform; and

IT IS RESOLVED, that in accepting this work for Rotary Clubs it is not intended that any Rotary Club shall assume to do more than to manifest its public spirit and its desire to serve, and it is understood that, when it shall appear that there has been developed in any community a clearly expressed community consciousness of the seriousness of the problem confronting the community and the responsibility and determination of the community to meet and cope with the problem, the work of the Rotary Club as the spokesman for the governmental department and the medium for the presentation of this matter to the community shall be considered to have been accomplished.

*Educational Work in Dallas, Texas.* A committee of pastors working with Dr. A. I. Folsom, president of the Texas Social Hygiene Association, arranged to make June 30, 1918, "Social Hygiene Sunday." Thirty-five of the leading churches invited prominent physicians to occupy their pulpits and give a clear exposition of social hygiene, especially discussing it from the standpoint of public health and its connection with the war. About 10,000 people heard these addresses. During the two weeks following, the exhibit belonging to the Texas Social Hygiene Association was on public exhibition for men and was visited by an average of 500 men a day, to whom literature was supplied free. The venereal clinic established several months ago has also proved valuable in educating the public to the dangers of venereal disease.

*Juvenile Crime in Chicago.* The problem of juvenile crime has become of increasing importance since the beginning of the war. Back of the Chicago stockyards, during the first six months of the war, juvenile delinquency increased alarmingly, and the police department reported fifty per cent more arrests of young offenders. It was evident that something must be done before the summer vacation arrived with its leisure for mischief. Accordingly, a conference was called which resulted in a Summer Community Recreation Committee composed of representatives from twenty-five social, religious, civic, educational, and business agencies.

The program adopted by this committee was, first, to coöperate in a unified program for the general welfare of the community; second, to develop a community consciousness and raise the morale in the district; third, to protect the boys and girls through the perilous period of the approaching summer vacation. Each organization represented on the committee shared the work and expense as far as possible, and additional funds were raised.

The committee suggested that inasmuch as the great packing industry had been able to change materials once regarded as useless into valuable by-products, it might assist in turning the energy of growing boys and girls into a social asset instead of a social loss. "We want help in guiding the youth safely through the war crisis," said the committee, "that we may save the morale of the community, knowing its direct relation to the morale of the camp and the battle front." The packing firms responded to the appeal and contributed \$50,000 to the work, and accepted the invitation to be represented on the executive committee.

Especial emphasis has been laid upon community events, such as Fourth of July celebration in small parks, community singing, etc., with the hope of fostering the growing patriotic spirit, and developing the community pride into a community consciousness and community solidarity that will bring higher standards into the civic life.

*An Opportunity for the Public Health Nurse.* The social responsibility of the public health nurse in the campaign against the venereal diseases has become so generally recognized that the Committee on Hospital Social Service of the National Organization for Public Health Nursing, in its report, places "at the disposal of the public health nurses some of the facts of their experience in the social problems of syphilis and gonorrhea," and reaches these conclusions:—

The great opportunity for public health nurses in the campaign against "venereal diseases" lies in the educational field. They will also, we believe, have an increasing responsibility for supervising home treatments—especially of gonorrhea.

If public health nurses are to teach the truth about gonorrhea and syphilis, they must be taught better than they have been in the past. As special clinics are being established and efficiently managed new opportunities are being opened to pupil nurses for getting an intelligent, unprejudiced point of view on the public health aspects of the question. To be a successful teacher she must be soundly taught herself. Herein lies an immediate task for those who may equip public health nurses for their new obligations.

Every nurse properly taught and conscious of the light she can shed on the present ignorance on the subject will become a center for diffusing that light. Each patient she teaches properly will pass it on, and so enlightenment will come and we will face a dawn of decency, "A closer order of social and human interests and an education which will help to do away with loneliness, superstition, ignorance, and brutal selfishness."<sup>3</sup>

<sup>3</sup> Report of Committee on Hospital Social Service, National Organization for Public Health Nursing. *The Public Health Nurse*, August, 1918.



## A LETTER FROM GENERAL PERSHING<sup>1</sup>

I have also heard with great satisfaction of the recent decision of the British War Office that the licensed houses of prostitution are to be put out of bounds in the British Expeditionary Force. Many of us who have experimented with licensed prostitution or kindred measures, hoping thereby to minimize the physical evils, have been forced to the conclusion that they are really ineffective. Abraham Flexner has argued the case so convincingly that on the scientific side it seems to me there is no escape from the conclusion that what he terms "abolition" as distinguished from "regulation" is the only effective mode of combating this age-long evil.

This menace to the young manhood in the army forces and to the health and future well-being of our peoples cannot be met by the efforts of each government working apart from the others. It is plain that every day it affects more and more, all the allied nations now fighting on the western front of France. The question long since was an international one, and it is only by an internationalization of our aims and efforts that we can obtain the unity and coördination which will enable us to solve the problem. The greatest responsibility rests on those to whom the parents of our soldiers have entrusted their sons for the battle, and we fail if we neglect any effort to safeguard them in every way.

We have the common ground of humanity; we have the well-considered conclusions of the best scientific minds on our side, and from the fact that, in this war of nations-in-arms, the soldier is merely "a citizen on war service," we have all the elements which will force coöperation between military and civil authorities. The army can do little unless the citizen at home plays his part in the big scheme. With our nations co-operating hand in hand, both in France and at home, we have the brightest prospects of winning the victory.

<sup>1</sup>From a letter dated May 7, 1918 from General Pershing to Lord Milner. Quoted in *The New Republic* of November 30, 1918.

## SOCIAL HYGIENE AND THE WAR

### WORK WITH WOMEN AND GIRLS

JANE DEETER RIPPIN

*Director, Section on Women and Girls, Law Enforcement Division  
War Department Commission on Training Camp Activities*

#### INTRODUCTION

The methods and philosophy of the Section on Women and Girls of the Commission on Training Camp Activities present no new discoveries in the field of social endeavor. They do, nevertheless, constitute the first attempt to deal nationally with the problem of delinquency. Heretofore in the history of social institutions, case work with individual delinquents has been undertaken by special groups working locally. This is the first time such work has been applied on an extensive, as well as an intensive, basis. In this respect it marks a change similar to the development of the social hygiene program. The widespread campaign of education on venereal diseases which the Social Hygiene Division of this Commission has developed with such intensive and extensive care, is a radical departure from the old days when silence on this subject was golden, and even from later days before 1914 when education was treated as an experiment and limited to specially selected groups. As preceding articles in this series show, there has been the most thoughtful and deliberate effort to educate all classes and types of individuals, civilians as well as soldiers and sailors, the unprotected girl and the protected woman, in the nature and treatment of venereal diseases. This change has been brought about by the single necessity of making men "fit to fight," which has swept away all the age-old cautions surrounding the teaching of sex hygiene. The conspiracy of silence has been broken.

The influences which have helped to bring about this change

are to a large extent concerned with the "khaki mad" girl. It needs no special interest in problems connected with girls to discover the effect of these unusual times on the romantic girl between the ages of fifteen and twenty-five. Signs of it are visible on every hand. Probably little credence need be given to the sensational rumors of flagrant immorality among girls which have from time to time caused so much discussion and speculation, but it is nevertheless true that the girl in her teens has been one of the chief causes of anxiety, and indeed one of the chief sources of danger.

The "charity girl" or "patriotic prostitute" is, as her name would indicate, a development of the war in the form of prostitution for patriotism's sake. This is not to say that the "charity girl" prostitutes herself solely out of a desire to do something for the soldier before he goes off to war, or because she thinks that by so doing she is helping her country win the war. She frequently expects to receive presents of rides, candy, suppers, etc., in return. But the element of commercialism plays no part in the relation. The "charity girl" is not in the business of prostitution, although she may become a professional in time. She has become promiscuous in sex relations through the influence of the contagious excitement which surrounds mobilization camps and creates an atmosphere of romantic glamor around the man in uniform. This, together with the way in which war tends to loosen the usual social restraints, is the explanation for her being. From her own lover who has gone over seas, perhaps never to return, to other lovers in quick succession, becomes an easy step, and the number of girls who have taken the step, or have become "patriotic prostitutes" in other ways and for other motives is cause for grave concern.

#### ORGANIZATION OF THE SECTION

Evidence of this fact is given in the history of the Section on Women and Girls of the Commissions on Training Camp Activities. In September, 1917, when the Commission was formed, a Committee on Protective Work for Girls was created as one of the constituent parts of the Commission. The Committee was

to concern itself with young girls in mobilization areas on the basis of an assumption that these girls needed protection to keep them from becoming sex offenders. Six months' work demonstrated that delinquent girls so far outnumbered "good" girls in the vicinity of military camps that a reorganization of the Committee on a new basis was made necessary.

In April, 1918, the Section on Women and Girls was created as a part of the Law Enforcement Division, authorized to deal primarily with women and girls who are sex offenders. Recreational and preventive work with girls who are not sex offenders was left to other agencies, as, for obvious reasons, the same organization cannot do both kinds of work at the same time. It is to the credit of these agencies that the problem of delinquency has been kept within its present limits.

The Law Enforcement Division of the Commission is the machinery provided for enforcing Sections 12 and 13 of the Selective Service Act. These two sections ban the sale of liquor and all forms of prostitution from military zones around camps and cantonments. It has three branches,—the Section on Vice and Liquor Control, the Section on Women and Girls, and the Section on Reformatories and Detention Houses. All three are carrying out different parts of the program contained in these two sections of the draft law. Roughly speaking, the Vice and Liquor Control branch promulgates legislation abolishing vice and liquor in zone areas; the Section on Women and Girls takes charge of women offenders against the law; and the Section on Reformatories and Detention Houses helps provide through Federal appropriation the machinery for disposition of most of the cases which come to the attention of the Section on Women and Girls.

#### AIMS

Seen in their relation to the other branches of the Law Enforcement Division, the aims of this Section are easily defined as follows: To coöperate with the Section on Vice and Liquor Control by supplementing the latter's knowledge of local conditions which are a menace to men in uniform. This is done partly by reporting women "boot-leggers," professional or casual prosti-

tutes, and general lax conditions, partly by coöperation in building up a community's responsibility to control its own vice conditions. Public officials, churches, leading professional and business men, women's clubs and organizations are the background against which the Vice and Liquor Control representatives and fixed post representatives of the Section on Women and Girls project their campaign for better laws and law enforcement.

In the second place, the Section on Women and Girls co-operates with the United States Public Health Service in carrying out its campaign against venereal diseases. This work consists largely of following up the women and girls who are known to be infectious and inducing them to report regularly to the Public Health Service clinic for treatment.

Many state boards of health have adopted regulations under which men and women may be arrested and compelled to take treatment if they are venereal disease carriers. Where these women are known to local workers of this Section, the latter are able to render material assistance in carrying out the program.

The background of most of the work done by this Section through its representatives in the field consists of individual work with girls, who, while they may have had sex experiences, are yet on the "border line" of prostitution. These are the "charity girls," the runaway or incorrigible girls, or girls of low mentality who are a menace and a responsibility to the community. These girls are reported to the local worker of the Section through the courts, hospitals, doctors, clubs, girls' protective agencies, relatives, and friends. The aim of our worker is to make a thorough investigation of each case, and, on the basis of her analysis of its various factors, recommend the girl to the agency best fitted to assume care for her. If there is no local agency, the fixed post representative herself takes the girl in charge, trying to create in her the desire and the capacity for self-direction, in the hope of diverting her from a life of prostitution.

#### METHODS

For the administration of the Section on Women and Girls the United States has been divided into ten districts. One of

these, however, is inactive and practically non-existent because there are no large military camps in the territory included by it. Each of the other nine districts has a supervisor who is directly responsible to the Director of the Section in Washington for carrying out the policies formulated by the executive office. She must know her district so thoroughly that she can put her finger on the weak spots in its social organization and having found them, bring to bear on them not only all the resources of the local community or city or state, but if necessary the aid of federal authority by appealing to the Director in Washington. She must be just as well acquainted with the strong points in her district—the individuals and the organizations whose backing she must have to do effective work, the probable sources of funds it will be necessary for her to raise, since a large part of the money needed for carrying on the work of the Section on Women and Girls is raised locally. This is true not only of salaries of workers, but also of the maintenance of detention houses, etc. In July and August of this year, for instance seventy new workers were added to the field staff, twenty-two of whom are being paid by local individuals and forty-eight by public funds raised locally. During the two months following, sixty-two field workers were added, of whom twenty are paid by the Commission on Training Camp Activities, and forty-two by municipalities, private organizations, and individuals. All these workers are under the direction of the Section.

Under the district supervisors are a number of local workers of the Section on Women and Girls, called fixed post representatives. The ideal of the Section has been to have at least one fixed post representative stationed near every army cantonment, naval training station, aviation camp, and in every large city where troops are stationed. To a certain extent also, industrial centers have been included because of the special need arising in these places for workers trained in our methods. Thus Chester, Pa.; Newburgh, N. Y.; Sheffield, Ala.; and Woodbury, N. J., are supporting field workers directed by the Section.

The fixed post representative is the one who has the most immediate contact with the problems in which the Section is

concerned. She acts as a special investigator as to local conditions needing drastic attention. It is her experience, in conjunction with the experience of other local workers which makes it possible for the Director in Washington to keep her fingers on the pulse of "the girl problem" all over the country.

For example, late in the summer, rumors of the startling number of hasty and unwise marriages made by soldiers and sailors came to the notice of the Washington office with such frequency that a questionnaire was sent to all the local workers, as follows:—

1. How many cases have come to your attention of soldiers who have married prostitutes?
2. Of soldiers who have married after a few days' acquaintance?
3. What evidence have you of cases of women who have married soldiers for their allotment and allowance?
4. How many bigamous marriages have come to your attention?

Replies from eighteen cities, large and small, extending from coast to coast, showed one hundred and eight cases of soldiers who had married prostitutes; fifty-four soldiers who had married after a few days' acquaintance; thirty-six cases which from all indications seemed to show that the woman had married in order to have the benefit of the man's allotment and allowance; and thirty-one bigamous marriages.

These reports, while not of course a complete survey of the incidence of unwise war-time marriages occurring in and near military camps, are a fair measure of the amount of truth in the rumors. At the time the questionnaire was sent out, consideration was being given to a plan "whereby no soldiers in camp should be permitted to marry without the consent of his commanding officer, such consent only to be given after some investigation of the case," but the result of the inquiry was not considered of enough significance to justify such a regulation.

In addition to these special inquiries, the Director has constant contact with specific conditions in the field through the monthly

NAME (WHOLE) (MARRIED)		ALIAS X REFERENCE		DATE WORKER		NO	
AGE	BIRTHPLACE	TIME IN U S		RELIGION	BIRTHPLACE OF PARENTS		
DATE OF BIRTH		TIME IN CITY			M		
DATE	ADDRESS	WITH WHOM LIVING RELATIONSHIP IF ANY?			ANY NEXT OF KIN		
PREVIOUS RESIDENCES							
FATHER'S NAME AND ADDRESS		OTHER RELATIVES			ADDRESSES		
MOTHER'S NAME AND ADDRESS							
HUSBAND'S NAME		ADDRESS		BUSINESS			
NUMBER OF CHILDREN		LEGITIMATE		ILLEGITIMATE		SUPPORTED BY	
READ AND WRITE		GRADE AND AGE LEFT SCHOOL		BUSINESS SCHOOL GRADE SCHOOL H S OR COLLEGE			
OCCUPATION	NAME	EMPLOYER	ADDRESS	DATE OF EMPLOYMENT	DATE OF LEAVING		
AGE AT FIRST SEX EXPERIENCE		REASON ASSIGNED		HAB SHE RECEIVED MONEY			
LATER SEX OFFENSE							
MEN INVOLVED		(SOLDIERS OR SAILORS)		CAMP		REG & COMPANY	
NAME		ADDRESS		BANK		H OR S	
MEN INVOLVED		CIVILIANS		BUSINESS		MARRIED OR SINGLE	
NAME		ADDRESS					
COURT HISTORY		CHARGE		IMPRISONMENT		INSTITUTIONAL RECORD (DATES)	
ARRESTED							
OTHER AGENCIES INVOLVED							

CASE RECORD USED BY SECTION ON WOMEN AND GIRLS



THE FORMER PRISON AT SPARTANBURG, S. C.

A BED ROOM IN CAROLYN HOUSE, SPARTANBURG, S. C.

reports of fixed post representatives. These reports describe not only progress made in the accomplishment of main objectives, but give in minutest detail the case work with individual delinquents, which is the backbone of the Section's work.

The following reports from fixed post representatives illustrate the kind of detailed and varied knowledge of local conditions which is found significant:—

75 per cent of girls employed in August, average age 15 years, did not return to school, though coming from homes financially able to support them.

Conditions at city jail extremely bad. Six women's cells very dark, crowded together without toilet facilities. In same room are all cells for white and negro men, separated only by iron bars. Jail filled with vermin.

Local M. P. of ———, states while in ——— he counted 25 known prostitutes on the street. Matter reported to Vice and Liquor Control Section. Sudden increase in number of runaway girls. Several have disappeared from this county within a short time.

Between 1,500 to 4,000 soldiers, sailors and marines are in ——— over week-ends. Since there is no military police system in town and no barracks for the majority of the men, there is no military restraint upon them.

Jail sentences for immoral offenses are rarely imposed on women in the police court. This is chiefly because there is no State Reformatory or penal farm for women and no other place of confinement for prostitutes except the cells of the venereal disease wards of the jails and the City Home. After brief detention in the police station under a matron, women are examined, tried, fined and released, sometimes under surety bond and sometimes not. Trial is held in open court.

Biggest problem centers in taxi drivers who solicit for prostitutes, buy liquor for them, and give them free rides, knowing they will have the trade of these women when accompanied by men.

Positive, as well as negative conditions are noted. Good laws and regulations put into effect, coöperation with city or military officials, improvements of any kind, are in their way significant and serve as guides to other communities facing the same problems.

A fixed post representative must have, in effect, the most complete detailed knowledge of her community. As soon as she begins work, her first concern is to make a survey of the territory covering twenty-five miles around the camp or training base to which she is assigned. Besides knowing the basic facts about her area, such as size, population, principal industries, churches, schools, public and commercial amusements, number and character of concessions in and near camp areas, number of women employed in area, kinds of occupation in which they are employed and the precise conditions under which they live and work, the fixed post representative must make full and effective contacts with the social machinery involved in her work. She must know the courts to which she will probably have recourse; court procedure in dealing with prostitutes and juvenile delinquents; city and county jails, detention houses, reform schools and reformatory institutions for adults; local ordinances dealing with vagrancy, soliciting, houses of prostitution, dance halls, saloons, movies, parks; state laws as to child labor, compulsory education, age of consent, rape, fornication, assignation and prostitution, the sale of liquor to women and minors, commitment to institutions, marriage, illegitimacy, juvenile court law, etc., etc. She must also know what are the special social problems, if any, concealed below the surface of things. Perhaps there is an unusual degree of drunkenness, gambling, or prostitution; perhaps there are none of these but a prevailing low moral tone, a laxness of public opinion on so-called "moral" questions. It is essential to her to know all the prevailing angles of opinion which she will have to meet and reconcile in the course of her work.

For it goes without saying that the success of this work depends on the coöperation and support of the community. Good laws, permanent houses of detention, venereal disease clinics, and a probation system for women offenders of the law, which are the permanent objectives for which every fixed post representative has hopes of achievement, depend on the active interest and support of the men and women of the community. Hence one of the first steps the local worker takes, after a survey of the

outstanding characteristics of the community, is to make contracts with its representative men and women. She visits the President and Secretary of the local Chamber of Commerce, the Rotary Club, the City Federation of Women's Clubs, the Parents' and Teachers' Association, the Congress of Mothers, the leading organizations of the churches, etc. She welcomes opportunities to speak before these and other groups on the aims of the Section on Women and Girls in relation to the community. When sufficient interest has been aroused, a local committee is appointed. Ideally such a committee consists of the President of the City Federation of Women's Clubs, representatives of the Jewish, Catholic and Protestant Churches, a leading physician, a lawyer, and a business man. The function of the committee is to raise money for the support of the local worker, to help create public opinion in favor of her program, and to bring pressure to bear on public officials in regard to new projects needing their active support.

A second committee composed of the paid workers of such organizations as the Travelers' Aid Association and the Y. W. C. A., Juvenile Court, probation officers and policewomen, etc., is formed to serve as a consulting body where all questions concerning delinquent and near-delinquent girls may be discussed in relation to each other.

In her work with individual girls who have been turned over to her care by courts and protective agencies, the fixed post representative must rely on the assistance of volunteers who are willing to act as patrols in parks, dance-halls, moving-picture theatres, and other places frequented by girls and men in uniform. This Section has been working toward a system of volunteer patrols in every camp city and naval training station in the United States. These patrol women are drawn from women's clubs, business women, and paid workers in organizations for girls. They are taught how to observe and interpret the details of evidence which are constantly coming to their attention. They must, in short, supplement the work of the fixed post representative by being eyes and ears for her. Such a system as has been briefly outlined is in actual operation in many towns in the

United States, but has not yet been made co-extensive with the field work of the Commissions on Training Camp Activities.

A large part of the value of the Section on Women and Girls lies in the opportunity it has of effecting social reforms over a wide area. Reaching, as it does, nearly all the large cities of the country, it results in increasing considerably the extent of public knowledge and understanding of such social problems as the nature and treatment of venereal diseases, and the treatment of juvenile delinquents and adult women sex offenders. It has shown the menace of allowing sex delinquents to spread diseases; it has demonstrated the waste of letting court offenders come again and again before the court, only to be fined or given a short term in jail. It has taught communities to provide hospitals with venereal disease clinics, to build detention houses and establish probation systems in connection with courts.

Seventeen cities have established detention houses in connection with their courts, largely through the efforts of the local worker of the Section on Women and Girls. This does not include cities which have received federal aid from the Section on Reformatories and Detention Houses of the Commission. These detention houses are places in which girls may be kept pending the disposition of their cases in court. Ordinary jails and places of detention do not supply the wholesome life these girls need during the period of detention. The detention houses for which the Section is responsible are intended to be models of their kind. Facilities for the treatment of venereal diseases are usually included in their equipment. In most cases the period of detention is too short to plan courses in industrial training, but every detention house has some provision for filling the time of those who are detained there. Photographs of detention houses initiated by the Section are included in this article, accompanied by photographs of jails which formerly served the purpose of places of detention.

A study of delinquency is being made based on the case records of fixed post representatives all over the United States. It is hoped this study will be a definite contribution to knowledge on the subject, inasmuch as no previous study of delinquency

EMERGENCY CELLS FOR GIRLS AT CITY JAIL, SAN ANTONIO, TEXAS

DETENTION CAMP FOR GIRLS WITH VENEREAL DISEASES AT LIVE OAK FARM,  
SAN ANTONIO, TEXAS

PORTION OF DINING ROOM FOR WHITE GIRLS AT LIVE OAK FARM,  
SAN ANTONIO, TEXAS

SLEEPING VERANDA FOR WHITE GIRLS AT LIVE OAK FARM,  
SAN ANTONIO, TEXAS

has ever covered so wide a territory. The cases studied are those which have been referred to fixed post representatives for various reasons. A large proportion were referred by the courts after arrest for offenses involving prostitution. Other cases were reported because of loitering around parks and beaches, and in the neighborhood of camps, or because they were known to be spreading disease. A few incorrigible and runaway girls are among the number.

The fact sheet reproduced on another page of this article is the one used by the fixed post representative to secure the facts relevant to a case. On the reverse side of the sheet are assembled the facts revealed by investigation, according to the following lines of inquiry:—

1. Source of complaint.
2. Environment.
3. Recreation.
4. Physical and mental condition.
5. Sex history.
6. Man's story.
7. Husband's or parent's story.
8. Girl's own story.
9. Worker's statement.
10. Disposition of case.

These lines of inquiry form the basis of tabulation. The evidence is in every case the first-hand story from the persons most immediately involved. When the material is finally tabulated, it will be compared with smaller, more intensive studies of delinquency which have been made, with a view to using these smaller studies as standards.

From a tabulation of the case records already in hand, it appears that most of the delinquents are sex offenders, and the proportion of those who testify that the particular offense for which they have been apprehended is their first, is remarkably low. There are also indications that the average age of these sex offenders is in the neighborhood of twenty years, which bears out the conclusions reached, after six months' experience, namely,



that the young girl who before the war was a subject for protective measures to prevent sex sophistication has become, since the war, to a surprisingly large degree, precocious and facile in matters of sex. It is against the dangers inherent in such a condition that the energies of the Section on Women and Girls are mainly directed.

The policy that the Section hopes to have adopted throughout the United States is one that has already been worked out in a few cities,—that is, to have the whole program of work taken over by the municipal authorities. In Petersburg, Virginia, such a demonstration of municipal coöperation has been made; in Greenville, South Carolina, the city has assumed responsibility for the salary of the fixed post representative and the construction of a house of detention.

Only in so far as the Section educates communities does it make for permanency. If the Section succeeds in making the communities shoulder some of their own social responsibilities, it will to that extent have triumphed over the destructive influences of war and have helped to lay the foundations of future order and peace.

# Social Hygiene

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## PROHIBITION AND SOCIAL HYGIENE

ROBERT A. WOODS

The practically complete elimination of the vast corrupt and corrupting business which, as legalized enterprise, has been so closely interwoven with commercialized prostitution, must have an elemental influence upon the remaining twin evil. When the organized liquor traffic disappears, with all its ramifying tentacles in general business and in politics, the traffic in sex demoralization, much disintegrated by recent comprehensive attacks of law and sentiment, will find its main outward defenses and its most trusted reënforcements destroyed by a single blow.

Every branch of the distributing trade in liquor is quite definitely involved with prostitution. It is true there is a substantial body of men in the business who have sought to keep themselves clear of this shameful entanglement; but a thorough analysis would show that their purpose, or at any rate their achievement, has gone but part of the way. Not until the cloud of prohibition had come well across the sky, was there any sort of organized effort to make a cleavage between the liquor business and the approaches to prostitution; and, even then, it got no farther than words.

The saloon, taken by itself the least respectable phase of the business, is outwardly the least guilty in this respect, though it always maintains a conversational atmosphere conducive to low sex inclinations. It often serves as a bureau of information as to opportunities of illicit relations. There is only one kind of picture which the saloon management cares to display. If the facts could be reached it would undoubtedly be found that

an evil hardly less than the direct result of the alcohol consumed at the bar was the sex abuses committed within the bonds of wedlock by men returning home after an evening of alcoholism accented by sex suggestion. This, to the discerning, has been one of the final arguments against the saloon as an intolerable canker on the body politic.

The hotel is an institution in which the sale of liquor is always in danger of being complicated with sexual immorality. The test thus suggested chiefly determines whether a hotel is to be classed as respectable or not. Even the first-class hotels are in constant danger of not remaining respectable. In fact unless a large city hotel stations a trusted employee on each floor to note the persons entering the rooms, it can hardly be considered as seeking to maintain a high standard in this respect. It is true that the elimination of liquor will by no means wholly dispose of this particular problem; but it will expose what remains and will greatly weaken the opposition to restrictive legislation such as that of requiring under heavy penalties the signature on the register of the true name of every person to whom accommodations are assigned. The moral atmosphere of hotels will, however, be improved in marked degree, as the experience of the prohibition states already clearly shows. We may fairly hope that the hotel desk will far less than formerly include among its varied services the management of negotiations preliminary to prostitution. First-class hotel administration has felt that it could bear the discredit of liquor on account of the income that it brought. With this sort of discredit, other sorts have too often been smuggled in without much fear of a distinction being made. Apart from liquor, these abominations will be more likely to stand, or rather fall, in their own light.

The new system for licensing the business of lodging houses in some of the cities, in which a register must be kept and true names signed, and to which licenses are renewed subject to police inspection and approval, indicates the standard which will increasingly be set for hostelries of all kinds under prohibition. In any case, the questionable lodging-house type, shading off

into the organized house of prostitution, will no longer have the support which comes of being the most dependable client of the wholesale liquor dealer or the licensed grocer.

The large number of liquor-selling cafés in all our cities has of recent years been an important factor in heightening the public recoil against alcoholism. As houses of prostitution have been repressed,—that is, as this form of business has been largely deprived of those two indispensable resources of all business, organization and publicity,—and as street solicitation has been brought under severe restrictions, this type of café has come forward in considerable degree, to provide a market-place for a discomfited and scattered trade. In Boston, until recently, some five hundred women no longer of the street regularly made these places their headquarters for solicitation. It is recognized on all hands that the liquor drunk here not only creates easy acquaintance but actually predisposes all comers to immoral relations. The proprietor of one of these places indifferently remarked that the girls who habitually came to his place drank to “get their feelings up.”

Types of young men who under former conditions, would not have resorted directly to houses of prostitution, or would have done so only when already under the influence of liquor, will readily go to these cafés, and once there are likely to be insensibly drawn into the toils. In fact these so-called “bohemian” resorts exercise a strong morbid appeal,—glossed with touches of imagination,—to the general public, based partly on the social attraction of alcohol but largely on the fact that one sits amid the glow of illicit passion. It is into such an atmosphere that many a young girl is brought with the deliberate purpose of overcoming her character reserves. There are indeed several brands of wine,—of which “Parfait Amour” is an example,—which are relied upon as having special properties in this direction.<sup>1</sup>

<sup>1</sup>It is not too far a cry to find an echo of this suggestion in the vicious labels on the whisky bottles that were formerly found among the negroes of the South, and helped to incite the southern states to prohibition as a means of protection for white women.

The evils of the cafés will not be disposed of by the elimination of liquor but they will be very substantially reduced; and such specific regulations as will assign to one room unaccompanied men and to another all women whether accompanied by men or not, will no longer have to combat the solid power of the liquor interests.

Somewhat the same may be said of the dance hall in which liquor is sold, or into which it may be brought. Here the liquor is a particularly dangerous factor in the midst of a situation which in any case is likely to break its bounds. The limits are much more easily set and maintained without the effects of the liquor, and they can be laid down much more surely when the liquor power is out of the way.

It is by no means amiss to refer to the purification which the absence of alcohol will bring to many distinguished occasions under the auspices of aristocratic society. The freedom with which champagne often flows at dances given among the select circles; the open-handed encouragement by the hosts to their young guests to partake liberally of this phase of hospitality; the not infrequent state of intoxication in which, as the night wears on, the young men continue to dance; the resort which in not a few cases, young men, thus excited, after the company breaks up, have to prostitution; the moral danger, even, in which the young women stand;—prohibition will happily change all this.

It may be suggested that the degree in which prohibition will reduce sexual immorality will depend on the degree to which it can be enforced. This in general can hardly present serious difficulties. Experience down to date in the individual prohibition states shows that the question is merely whether the efficiency of enforcement shall be above or below 90 per cent. When the resources of the national government are pledged to eliminate all appreciable transactions of the liquor business, for manufacture, importation or distribution, even where prostitution is allowed to maintain a certain commercialized front, we may be assured that it can no longer be reinforced by the systematic supply or the systematic dispensing of liquor. There will,

of course, remain a greater or less number of isolated nests where crude alcoholic drinks will be made and supplied, and in these as crude forms of immorality will be likely to be found. It will always be difficult and often undesirable to penetrate into private homes in search of liquor; but where the two evils are combined the outward clues will be more obvious and the reaction of public sentiment more likely. It is interesting in this connection to remember that it is a very common practice among illicit liquor sellers, who flout local authority, to pay the government tax, record themselves as law-breakers and post the government receipt on their premises as evidence against them,—because they do not want to risk going to Atlanta prison. It is certain also that the states will themselves provide stringent enforcing legislation, with some sort of constabulary which will not know the paralyzing fear that often seems to possess the local officers of the law.

From every point of view it is clear that prohibition will greatly reduce the number of new recruits of both sexes for prostitution. It is distinctly the view of the new generation of police officials that great numbers both of young men and of young women would never bring themselves to take a step so revolting to normal instincts but for being under the influence of alcohol. Alcohol is relied upon to precipitate one into the beginnings of such a course, to lead one to justify it, to overcome revulsion from it.

It is increasingly certain that the physical disasters that go with prostitution,—nervous disorders, venereal diseases,—are to a large extent brought on and aggravated by alcohol. Indeed one of the important results of prohibition will be to increase largely the possibilities of caution against these grave dangers, and to make the ever widening and more inclusive campaign of education vastly more fruitful in results.

Opponents of prohibition make certain ominous but extremely vague prophecies as to "something else" which will take the place of alcoholic drinks and be much worse. Ordinarily this is taken to refer to drugs. The drug problem is of course a difficult one. No doubt, as alcoholism often finds and always leaves

morbid tendencies, not a few confirmed alcoholics may turn to narcotics. But the drug habit is so absorbing in itself that it cannot under any circumstances play an important part as contributory to sexual immorality. Drug addiction comes rather as a final stage of this or that form of degeneracy than as an inciting factor to any thing other than itself. In any case the principle of prohibition worked out with respect to alcohol, will ere long be equal to the contest with opium.

One sometimes thinks, however, that it may be meant that this mysterious "something else" will be some sort of bursting of the bounds of sex passion. Considering the well-recognized effect of alcohol in this direction, this fear may to all intents and purposes be dismissed. Of course certain types of mind, deprived of one way of dissipation and having the impulse of dissipation upon them, would enter this other. But a far greater number would escape the allurements of sexual immorality without the goad of alcohol. Indeed the whole drift of medical science indicates that the sowing of wild oats is not, as formerly thought, a normal tendency, and that the cessation of dissipation in one direction leads to increased control in others.

The final disappearance of alcoholic drinks, in the long perspective, will go far toward eliminating that prolific source of prostitution, feeble-mindedness. As a direct factor, and indirectly as the occasion of syphilis, alcohol is chargeable by each new generation with much of this miserable provocation to evil. Also a nation that can sweep away the liquor business, can organize broadly and strongly to segregate the present feeble-minded and cut off the strain for the future.

The overwhelming testimony that comes from all the prohibition states and from Canada as to the diminution of criminal offenses of all sorts, shows clearly that cutting off the supply of alcohol has the effect among whole classes of sapping the various mental and temperamental impulses that would invade the sanctions of society. As this kind of result begins to be brought out in all its shades and degrees, a vast clearance must be anticipated of what is socially harmful in the sex impulse, whether it be

criminal, brutal, morbid or merely irresponsible,—with results inconceivably great upon the whole moral environment which will shape the character of the coming generation.

The effect of prohibition upon the economic and moral standards of the home will be very considerable immediately; and the underlying gains from the disappearance of alcoholism will be expressing themselves cumulatively for two or three generations. Consider the significance of bringing on the scene an entire generation whose pre-natal life has not been damaged by alcohol. The invasion of the home by venereal disease will be checked in a marked degree. The percentage of divorces will be substantially reduced. The release from the handicap placed by alcohol on the higher brain centers will conduce to a finer, more human sexual relation between husband and wife. As sex lapses and offenses among children are very largely traceable to inharmonious, inefficient or broken family life, it is easy to see that prohibition will open the way to better things in the sex life of a vast number of boys and girls. Of course, it will take time for the evidence to accumulate on these matters; but it is already clear that as soon as expenditures for liquor cease there is a particularly marked increase in money spent on women's and children's clothing, on the more frequent washing of clothes and on better housing. Such expenditures both involve and produce finer and better personal relations among all the members of a family. The direct and indirect effect of these tendencies upon the higher sentiments of sex can hardly be doubted. Indeed the outward improvements could not be brought about without such inner change. These things mean a stronger and surer influence on the part of the home upon the children as to the sexual aspects of life,—a much greater accessibility to the new educational means that are being made available to that end. At the same time, there will be less danger of that poison which, percolating to the minds of children throughout a community, has so often been traced back to the contagion of the saloon or the bar-room of the hotel.

Prohibition, on the one hand, registers and, on the other, will



profoundly stimulate a vast process of national purification that will contribute much to that state of mind which can clearly comprehend, assimilate and apply the concrete principles of sex hygiene and will be capable of those steps in the sublimation of the sex instinct upon which the next stage of progress for the human race so largely depends.

Such gains will make a far greater proportion of the people capable of and ready for more intelligent and enjoyable work and for a wider range of leisure-time interests. In place of the crude, over-reaching semblance of exaltation which alcohol gives, the human organization will be the more capable of many forms of sport, gaiety, adventure which, with a continuous and growing appeal, will bring increasing and cumulative happiness and power.

It is one of the chief errors about alcohol that it promotes association. Human nature has the instinctive consciousness of kind, and when its lower faculties are released they find a certain characteristic indulgent exercise in this direction. The end of alcoholism will transfer the impulse of association to a higher level. For the productive ends of life, many new developments of purposeful coöperative activity will become possible. For the hours of recreation, there will be in due time a wide extension of more wholesome types of sociability. The crude, maudlin gregariousness which alcohol brings about, will be displaced by inclinations to association expressing and reënforcing gentler, sweeter, more enduring values. The collateral importance of such changes, from the point of view of social hygiene, will be far-reaching.

It may prove that the most significant result of national prohibition is in the conclusive establishment of the ethical principle that certain phases of conduct which have often been thought of as private and personal are, first and last, matters of inviolable social and public concern. In bringing it about, a finer web of human responsibility has been woven. A stubbornly held zone of choice of that sort which incites a strong inward compulsion in the individual without arousing an immediate

forceful recoil from the deeply injured social organism, has been eliminated. It has been possible, in this case, to eliminate the whole subject matter because it centered about an adventitious chemical substance that could be put out of reach. While the same principles of procedure cannot be applied on all fours to the problem of sex morality, we have learned that they are applicable and can be made effective in a very large degree. Beyond that, the whole experience of prohibition will raise much higher the reservoir of moral power which through all the dominating channels of sentiment and custom will carry the motive of trained and reasoned sex responsibility as the corollary of all the wealth of creative suggestion that is bound up with this distinction in human nature.

Prohibition is without doubt a present day expression of Puritanism. But be it remembered that Puritanism brought in the modern world of influence and administration. It undertook to begin to establish in the open community those moral standards which under conditions previously allowed could hardly be maintained save as fortified within the cloister. What was done negatively, in spite of casual exaggerations, was essential to the infinite blessings that were the positive outcome. This will be true of the neo-Puritanism which is going far to undermine the age-old evils of misdirected appetite and passion through the resources of science and democracy.

## THE FIFTH MAN'S DISEASE

The Fifth Man is tainted. He is a blight; a career of blindness, paralysis and idiocy. The titan tasks ahead of us and the diminished population with which civilization must be salvaged and repaired deny any further toleration of prudery. Unless the next generation is saner and sounder than this, reconstruction will lag interminably. There won't be so many of us by the time autocracy is smashed, but the gaps sha'n't count, provided we realize the full menace of venereal disease and adopt necessary measures to halt its course.

Verbal squeamishness has too long exiled the subject from polite conversation. Syphilis and gonorrhea are not mentioned by "proper" people. A cowardly conspiracy of silence abets the spread of these race-rotters and thwarts any considerable effort to end them.

Poltroon fathers refuse to discuss the contagion with their sons and mercilessly deliver them to marrying experience. Wives and daughters are denied forehand knowledge, only to learn at the cradleside and operating table of the infamous treason which yearly betrays an unaware multitude to infection.

Common welfare protests against the further marriage of the uncured and incurable—against the Puritanical pact to withhold defensive information—against additional insane asylums—against roving pestilence.

Crimes offered to national vitality are far heavier and deserve legal restraint even more than infraction of law and order; their consequences are sadder and deeper.

The abominations are perilously contagious and require not only isolation but registration. Every woman has the right to know the physical and mental fitness of the man she is to marry and should be afforded the opportunity to discover it. The state owes her—owes itself—that protection.

A concealed venereal case is a military offence; there are a dozen reasons why it should be constituted a civil one.

Vice problems will cease to puzzle us, health standards will be higher, the indirect source of several chronic troubles will be reached, if we pass drastically remedial legislation.

The doctor's prescription won't cure society of the Fifth Man's Disease.

From the "Herbert Kaufman Weekly Page." Copyright 1918.

## THE ILLINOIS SOCIAL HYGIENE LEAGUE, FORMERLY THE RED LEAGUE

ROBERT H. GAULT

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Illinois Social Hygiene League*

Since the beginning of the social hygiene movement in the United States many local societies have been started and have come to a quiet end without having accomplished important objectives. It seems that the difficulty has lain in the fact that the public does not grasp the great need for work to prevent venereal disease unless that need is given some tangible and obvious expression. When, therefore, a group of men and women in Chicago conceived the plan of connecting the treatment and prevention phases of the campaign against venereal disease, the experiment was watched with unusual interest. The plan proposed to improve by example, if necessary, the facilities which were offered in Chicago for the free treatment of venereal disease, and at the same time to educate the public regarding the seriousness of these diseases, and the necessity for preventing them.

The Social Hygiene League has been incorporated under the laws of Illinois for the purpose of fighting the great red plague,—venereal disease. It was created in 1915. From the first it proposed that all its activities, educational and otherwise, should be approached from the medico-biological angle. It was natural, therefore, that the leaders of the League should, at the outset, think seriously of establishing a dispensary for the treatment of venereal diseases, provided the need in the city of Chicago should justify such a course. As a preliminary, therefore, a survey of the hospitals and clinics in the city was made under the auspices of the League. Dr. Mary Lincoln, of the Lincoln-Gardner Laboratories, a member of the Board of Directors of the League, directed the survey. The results left no shadow of doubt that the facilities in the city for discovering and treating venereal diseases were so meager that there was a

field here for even many times more than the League could alone hope to accomplish by the development and maintenance of dispensaries.<sup>1</sup> Accordingly, the directors were undertaking to do their utmost in this direction, and were actively planning and working to that end when the United States entered upon the world war. Thereupon it was deemed necessary to abandon, temporarily, the plans for the dispensary in view of increased demands upon the purse for the support of many other forms of war work.

The League then turned its attention to the vigorous prosecution of an educational campaign among the soldiers and sailors encamped in the vicinity of Chicago. In this connection it received important counsel from Walter Clarke and from Dr. H. E. Kleinschmidt of the American Social Hygiene Association. The latter was for a time Executive Secretary of the League. At this stage in its history the following immediate and further objectives of the organization were announced:

#### THE PROGRAM OF THE LEAGUE

##### *Immediate Objective*

The Social Hygiene League adopts as its immediate objective a plan for coöperation with the National Government for the protection of soldiers and sailors against venereal disease.

(a) To this end it acts in coöperation with the American Social Hygiene Association.

(b) It has arranged for lectures and exhibits for soldiers and sailors encamped in the vicinity of Chicago.

(c) It is arranging for the distribution of literature, relating to protection against venereal diseases among soldiers and sailors in the neighboring camps, and among all others who pass through recruiting stations.

(d) It will establish a coöperative relationship between the army and navy officers in the Chicago district and the genito-urinary and skin specialists in Chicago, so that the assistance of such physicians may be available to persons who contract venereal disease.

<sup>1</sup> On another page of this article the reader may find the questionnaire and analysis of results obtained in this survey.

(e) It will work with civil authorities in the vicinity of camps and training stations to the end of making the surrounding moral conditions safe for enlisted men, and it will report to such organizations as the Committee of Fifteen all non-enforcement of laws relating to prostitution by such civil authorities in the vicinity of such camps, etc.

*Further Objective*

1. The League seeks to establish in the City of Chicago one or more model dispensaries for the treatment and follow-up of venereal cases. The conduct of such dispensaries when established will be a permanent feature of the League's work after the present war emergency shall have passed.

2. In coöperation with the American Social Hygiene Association, the League aims permanently to conduct a campaign for public education concerning the venereal disease problem.

In pursuit of these objectives the League engaged in the following educational activities among soldiers and sailors up to June, 1918:

1. Exhibits on sex hygiene and venereal disease were prepared and installed at the following places, remaining there during periods varying from 7 to 236 days:

Y.M.C.A. Camp, Fort Sheridan

Y.M.C.A. Tent, Highwood

Grant Park Naval Station

Instruction Building, Great Lakes (with attendant only part time)

Camp Paul Jones, Great Lakes

Detention Camp, Great Lakes

Y.M.C.A. Building, Great Lakes

Municipal Pier, Chicago

Fort Sheridan, Second Officers' Training Camp

Camp Perry, Great Lakes

Comfort Station, City Hall

Camp Grant, Rockford, Illinois (four exhibits).

2. A stereomotorgraph with four sets of slides was on exhibition in the Y.M.C.A. Camps at Camp Grant, Rockford, for five months.

3. Thirty-seven thousand pamphlets have been distributed to sol-

diers and sailors at Fort Sheridan and Great Lakes, and in addition, 23,000 pamphlets have been sent to Rockford for distribution. Twenty-five thousand persons have viewed the exhibits and 4,000 persons have been interviewed personally by attendants.

4. Five illustrated lectures were given. Average attendance, 200.

5. Thirteen thousand circular letters and 11,500 pamphlets have been mailed to citizens of Chicago.

From the first, attendants were employed to take charge of the exhibits, to distribute literature, and to answer the queries of the thousands of men who viewed the exhibits.

Very soon after the adoption of the League's program and the beginning of its operations, it received official recognition as a sub-committee of the Committee on Public Health of the Illinois State Council of Defense. During this period it was in co-operation with social welfare organizations, including the Y. M. C. A., in whose camp-huts, in many instances, the League's educational exhibits were housed. In our judgment the proximity of these chart exhibits with their simple, direct, and unmistakable health lessons afforded a valuable complement to the inspiration of the Y. M. C. A., notwithstanding that in a few instances, at least, some "Y" workers suffered a slight palpitation on the alleged ground that the charts placed on exhibition were too "pathological" and not sufficiently "moral." The organization was in effective coöperation also with the War Department Commission on Training Camp Activities, the Knights of Columbus, and the Jewish Welfare Board.

When the great armies of drafted men began to move toward the cantonments, there was ample justification for those who believed that the great field for civilian operation lay in the home towns and cities where venereal diseases were apparently being contracted by many in one grand debauch, just before the date of departure for the camp. As soon as it became known that the War Department proposed to assume full charge of the fight against venereal diseases within the camps, the League again took up its earlier plans for developing a model dispensary.

In March, 1918, an apartment was found at 118 West Grand Avenue, Chicago, which, in all respects, appeared to be suitable

Office and Dispensary

Using the dark stage microscope

THE ILLINOIS SOCIAL HYGIENE LEAGUE



**THE ILLINOIS SOCIAL HYGIENE LEAGUE**  
**Laboratory technician obtaining blood for examination**

for the purpose. In May of that year the place was ready for occupancy. The treatment and examination rooms were fitted up with modern equipment. Experts are agreed that the establishment is equipped in all respects with the thoroughness and completeness that would be required by the high grade practitioner in his private office.

From that time to the present, the League's emphasis has been placed upon such activities as are indicated in the following:—

1. One educational exhibit is displayed at City Hall Comfort Station, one at the Municipal Pier, one at White City Amusement Park, and one at Riverview Amusement Park, all in Chicago.

2. The League has been actively engaged in obtaining one or more competent lecturers on venereal disease in each county of Illinois. The names of these lecturers, as soon as obtained, have been turned over to the County Chairman of the State Council of Defense, who made preliminary arrangements for lectures to be given to the drafted men. To supplement the work, the League has supplied literature to these lecturers for distribution among the men. In addition, a list of all the Examining Boards in the State was compiled and literature was sent to the examining physicians for distribution to the men.

3. Coöperation with the United States Examining Boards and British Recruiting Mission by treating drafted men who were found to be infected with a venereal disease.

4. Operation and expansion of the work of a Genito-Urinary Dispensary. All other than venereal cases are sent to approved physicians or other dispensaries for treatment.

5. Launching of an educational campaign among industrial and commercial establishments in Chicago.

The conduct of the dispensary has been and continues to be the principal focus of interest. Month by month an increasing number of patients appear for treatment. From 77 treatments given in May, 1918, the number increased to 620 in February, 1919. The dispensary is open for men daily, except Sunday, from 9 to 10 A. M., and from 6:30 to 8:30 P. M.; and for women from 11 A. M. to 1 P. M. on Wednesday and Saturday, and from 6:30 to 8:30 on Friday. The fee for services varies somewhat.

If a man is single, has a good position, and gets a fair salary, he is asked from fifty cents to a dollar for each treatment. If a man is married and has children and gets a fair salary, he is asked fifty cents for each treatment. If he is married and has a family and has not a fair salary, he is sometimes asked to pay twenty-five cents for each treatment, or nothing at all. No one is ever turned away because he has no money. Sometimes—in fact very often—one comes without money for treatment and promises to pay later. In every case he is trusted and the League is usually not disappointed. The women are, as a rule, treated free, except when salvarsan is given, for which they usually pay \$2 or \$3. But one woman has paid as much as \$5 for salvarsan, and she is a prostitute. Men are, as a rule, charged \$5 for salvarsan, but in a few instances \$2 and \$3 is charged when it is positively known that they are unable to pay more. Some of the women are given salvarsan free, when they have no money and would be a menace to the public if not treated. For a Wassermann test, if the patient is able to pay, he is charged one dollar, and the same is true of a spinal puncture.

At the present time five physicians are in attendance at the dispensary, four men and one woman. The men physicians, with the exception of Dr. B. C. Corbus, Chairman of the Executive Committee, are paid \$5 for each period of attendance. Dr. Stettler, the woman physician who takes charge of the women patients, receives \$100 a month, through the generosity of the Women's Committee of the State Council of Defense, of which Dr. Rachel Yarros, Vice President of the League, is chairman.

The League has been fortunate in its association with the Lincoln-Gardner Laboratory which, during the last five months, has made an average of fifty tests a month. For several months, while the organization was getting its footing, this service was without charge and was, therefore, of great material assistance in the formative stage.

The educational value of the dispensary cannot be overestimated. The mental condition of patients who come into such

an institution as this, is one that verges between hope and despair. The clean, fresh rooms, with the technical equipment and the competent physician and nurse in attendance give the whole place an atmosphere that does not belong to the office of the quack nor to that of the incompetent. The sufferer goes away from the place feeling that a contribution has been made to his welfare. He is hopeful, and not only does he return repeatedly until he is discharged, but he spreads the gospel of health in his community.

One of the most promising aspects of the work that has been undertaken by the League is an educational propaganda, including distribution of pamphlets and dispensary notices, among industrial and commercial organizations in Chicago. This was undertaken in November, 1918, when 35,000 pamphlets were distributed among forty-two plants. More than a thousand dispensary notices were distributed in this campaign and, in the plants referred to, twenty-three exhibits were installed. In this connection liberal use has been made of the Home and Community Series published by the American Social Hygiene Association.

The ideals that the League holds before it for future development may be indicated by the following outline:

## I.

### MEDICAL DEPARTMENT

**GENERAL AIM:** To increase and to make more efficient the facilities for diagnosis, prophylaxis, and treatment for venereal disease in the City of Chicago.

1. Maintain free day clinics for men and women, and evening pay clinic for men, daily, except Sunday, at the League Dispensary.
2. Coöperate with other dispensaries and hospitals in securing greater degree of efficiency in all clinics.
3. Aid in the establishment of additional dispensaries and secure coöperation of the medical profession in combating these diseases.
4. Organize a competent system of follow-up work.

## II.

## EDUCATIONAL DEPARTMENT

GENERAL AIM: To develop public opinion.

1. Printed matter.
  - a. Design and print cards, posters, placards and series of mimeographed bulletins for patients.
  - b. Arrange for the distribution of printed matter through employers, physicians, druggists, patients, and others.
2. Exhibits.  
Circulate complete exhibits or single posters in comfort stations, stores, park field houses, etc.
3. Lectures.  
Arrange lectures in connection with exhibits.
4. Press.  
Secure publicity and space for educational articles in newspapers, magazines, trade journals, etc.

It will be of some interest to those who may be associated elsewhere with movements for the establishment of such institutions as this to read below the League's budget:

## THE ILLINOIS SOCIAL HYGIENE LEAGUE DISPENSARY

Estimate of yearly expenditures and receipts

## I.

## EXPENDITURES

SALARIES	Daily Monthly Yearly	
Physicians' fees (three dispensary periods)	\$15	\$4,680
Nurse's salary.....	\$100	1,200
Salary of office assistant and stenographer	100	1,200
Salary of executive and educational secretary .....	175	4,000
Salary of social service worker (part time)	40	480
MEDICAL EQUIPMENT AND SUPPLIES		
Laboratory expense.....		300
General supplies: Drugs, chemicals, bandages, etc.....	60	720

EDUCATION AND PUBLICITY	Monthly	Yearly
Ten Exhibits at \$8.00.....		\$80
Glass and frames at \$9.00.....		90
Pamphlets for distribution (25,000).....		200
All postage.....	\$50	600
<b>GENERAL EXPENSE</b>		
Rental dispensary building.....	35	420
Heating of building (gas).....		360
Telephone .....		100
Electric light.....		75
Stationery .....		120
Alterations and improvements to building.....		100
Total expenditures for twelve months.		<hr/> \$14,725

## II.

## RECEIPTS

(Estimated on the basis of the average monthly receipts during the last November, December, January and February)

FROM REGISTRATION FEES	Yearly
Ten patients daily in day dispensary at 10 cents each.....	\$312
Twenty patients daily in evening dis- pensary at 50 cents each.....	3,120
Total .....	<hr/> \$3,432
FROM MEMBERSHIP, CONTRIBUTIONS, ETC.	
The State of Illinois.....	\$3,600
Membership and contributions.....	5,682
Total .....	<hr/> \$9,282
Grand total of estimated receipts for twelve months.....	<hr/> \$12,714
Estimated expenditures.....	\$14,725
Estimated receipts.....	12,714
Debit balance.....	<hr/> \$2,011

If the steady increase in receipts at the dispensary that has prevailed during the last four months can be approximately maintained, the fiscal year will close with satisfactory accounts. A considerable increase in expenditures will be necessary during the next year, however, in view of our pressing need for a larger equipment, including a few beds.

It is the judgment of the writer that organizations such as the League should be established in every state; that they should not only be closely coördinated among themselves, but that they should seek the closest coöperation with such other welfare organizations as are working more or less directly in the interest of public health. There will then be, ready made, a nucleus of effective machinery for the hand of the forthcoming, we hope, *Secretary of Public Health* in the President's Cabinet.

The following are the forms of the questionnaires used in making the survey of facilities in Chicago for the treatment of venereal diseases, and a summary of the findings:

## APPENDIX O

### QUESTIONNAIRE COVERING FACILITIES FOR DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES IN HOSPITALS AND DISPENSARIES IN CHICAGO

(As used in the survey by the Illinois Social Hygiene League)

#### SYPHILIS

- Name of Dispensary.....
- Address.....
1. Is your dispensary connected with a hospital?.....  
If so, what hospital?.....
  2. Is your dispensary connected with a medical college?.....  
If so, what medical college?.....
  3. Do you maintain a clinic for the treatment of syphilis?.....
  4. Are syphilitic patients treated in a separate department devoted to this purpose? .....  
If so, how many rooms has the department?.....Are there any private rooms?.....  
If not, in what departments are they treated?.....
  5. Have you command of hospital beds for the necessary care of patients? .....
  6. How many physicians are in attendance at your syphilitic clinic?.....  
Are they paid for their services?.....How?.....

7. Do any patients pay for advice or treatment?.....If so, do they pay for:
  - a. Entrance? .....
  - b. Doctor's service? .....
  - c. Medicine? .....
  - d. Laboratory tests? .....
8. What is your practice in regard to furnishing Salvarsan or equivalent treatment free? .....
9. Have you facilities for:
  - a. Making the Wassermann test?.....
  - b. Entire disappearance of symptoms?.....
  - c. Examination of spinal fluid?.....
10. Do you make the Wassermann test on all cases?.....  
If not, how many patients received this test during your last dispensary year? .....
11. Do you make an examination for the treponema of initial lesions in all cases? .....
- If not, how many patients received this test during your last dispensary year? .....
12. In the medical treatment of syphilis do you employ:
  - a. Salvarsan? .....
  - b. Salvarsan substitute?.....
  - c. Hg. by injections or rub?.....
13. Before a syphilitic patient is discharged, do you require by special regulation:
  - a. Healed contagious lesion?.....
  - b. Entire disappearance of symptoms?.....
  - c. Negative Wassermann? .....
14. Records:
  - a. Is a record made of how the patient was referred to your clinic? .....
  - b. Is a record made of previous treatment received by the patient either at your clinic or elsewhere?.....
  - c. Is a record made of the source of infection?.....
  - d. Is a record kept of the number of visits of each patient?.....
  - e. Is a record made of discharge of patient whether cured, improved or unimproved? .....
  - f. Are the histories summarized periodically?.....
15. Number of patients during your last dispensary year:
 

Men.....	Women.....	Children.....	Total.....
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16. Total number of visits of all patients during your last dispensary year? .....
17. Number of patients during your last dispensary year who came once? .....
- .....twice?.....three?.....four?.....five?.....six to ten?.....ten to twenty?.....over twenty times?.....still under treatment? .....



18. Number of patients discharged as cured?.....Improved?.....  
unimproved? .....
19. Social service:
- Have you a social service worker connected directly with the dispensary? .....  
Or do you use the service of a social service worker connected with the hospital? .....
  - Do you give syphilitic patients any literature or instructions as to how to avoid spreading infection?.....
  - What method do you use to get syphilitic patients to attend your clinic regularly? .....

#### GONORRHEA

- Name of Dispensary.....  
Address.....
- Is your dispensary connected with a hospital?.....  
If so, what hospital?.....
  - Is your dispensary connected with a medical college?.....  
If so, what medical college?.....
  - Do you maintain a clinic for the treatment of gonorrhea only?.....
  - Are gonorrheal patients treated in a separate department devoted to this purpose? .....
  - If so, how many rooms has the department?.....  
If not, in what departments are they treated?.....
  - Have you command of hospital beds for the necessary care of patients? .....
  - If so, how many?.....
  - How many physicians are in attendance at your gonorrheal clinic? .....
  - Are they paid for their services?.....How?.....
  - Do any patients pay for advice or treatment?.....If so, do they pay for:
    - Entrance? .....
    - Doctor's service? .....
    - Medicine? .....
    - Laboratory tests? .....
8. Nature and extent of your equipment for diagnosis and treatment:

#### Rooms

- Number of .....
- Private or not?.....

#### Instruments

- Sterilizer? .....
- Sound? .....
- Dilators? .....
- Irrigators? .....
- Endoscopes? .....
- Cystoscopes? .....

#### Laboratory Facilities

- Equipment for complement fixation test?.....
- Microscope and general laboratory facilities?.....

9. What methods of treatment do you use?.....
10. Before a gonorrheal patient is discharged, do you require by specific regulation:
  - a. Negative prostatic massage?.....
  - b. Negative cervical and vulvovaginal smear?.....
  - c. Negative complement fixation test?.....
11. Records:
  - a. Is a record made of how the patient was referred to your clinic? .....
  - b. Is a record made of previous treatment received by the patient either at your clinic or elsewhere?.....
  - c. Is a record made of the source of infection?.....
  - d. Is a record kept of the number of visits of each patient?.....
  - e. Is a record made of discharge of patient whether cured, improved or unimproved? .....
  - f. Are the histories summarized periodically?.....
12. Number of patients during your last dispensary year:
 

Men.....	Women.....	Children.....	Total.....
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13. Total number of visits of all patients during your last dispensary year? .....
14. Number of patients during your last dispensary year who came once? .....
- .....twice?.....three?.....four?.....five?.....six
- to ten?.....ten to twenty?.....over twenty times?.....still
- under treatment? .....
15. Number of patients discharged as cured?.....improved?.....
- unimproved? .....
16. Social service:
  - a. Have you a social service worker connected directly with the dispensary? .....
  - Or do you use the service of a social service worker connected with the hospital? .....
  - b. Do you give gonorrheal patients any literature or instructions as to how to avoid spreading infection?.....
  - c. What method do you use to get gonorrheal patients to attend your clinic regularly? .....

These were of valuable assistance in obtaining information from the dispensaries, but not so well adapted to the nature of the work at the hospitals, as some of the questions did not apply in any way to hospital work. At the hospitals I directed my questions along the following lines: (1) The connection of the hospital with a medical school, (2) the admission of venereal cases with what restriction, if any, (3) the classification of venereal cases whether as complications of other diseases or as

such, (4) the number of venereal cases, (5) the laboratory facilities, (6) the nature of the treatment, (7) the social service work. At the dispensaries I followed the questionnaire rather closely in my inquiries. The greatest difficulty was experienced in obtaining data from the dispensaries as to the total number of venereal cases, the number of visits made by each patient, the average number of visits made by the patients, and the result of the treatment. From the hospitals it was impossible to obtain reliable data as to the number of venereal cases because the cases were either not classified in any way or were grouped with others under the head of medical, surgical, gynecological, etc., according to the diagnosis under which the case entered.

#### *Summary of Hospitals*

Total number visited, 41.

1. Hospitals connected with a medical college. Six, or 15 per cent.
2. Hospitals which admit venereal diseases in active infectious stage. Six, or 15 per cent.  
Twenty-one, or 51 per cent, admit such diseases but rarely.
3. Hospitals which admit medical, surgical, etc., cases with known complications of syphilis or gonorrhea.  
Eleven, or 27 per cent, admit such cases.  
Twenty-five, or 61 per cent, admit such cases but rarely.
4. Hospitals in which free patients are admitted with venereal disease. One, or 2 per cent.
5. Hospitals which absolutely refuse to admit venereal cases as such. Five, or 12 per cent.
6. Hospitals which make no classification of cases. Seventeen, or 50 per cent.
7. Hospitals which classify venereal disease under medical, surgical, etc., according to the entrance diagnosis. Seventeen, or 50 per cent.
8. Hospitals which classify venereal disease as such. None.
9. Hospitals which have facilities for Wassermann. Twenty, or 50 per cent.
10. Hospitals which have social service worker. Six, or 15 per cent.

#### *Summary of Dispensaries*

Total number of dispensaries visited, 19.

1. Dispensaries connected with a hospital. Twelve, or 70 per cent.
2. Dispensaries connected with a medical school. Ten, or 60 per cent.
3. Departments in dispensaries which treat venereal disease:  
Two, or 12 per cent of the dispensaries, treat venereal disease in a general dispensary.  
Five, or 30 per cent of the dispensaries, treat venereal disease in any department the case enters.

Seven, or 40 per cent of the dispensaries, treat gonorrhea in the genito-urinary department.

Two, or 12 per cent of the dispensaries, treat gonorrhea in the medical department.

One, or 6 per cent of the dispensaries, treat gonorrhea in the dermatology and venereal department.

Six, or 40 per cent of the dispensaries, treat syphilis in the dermatology and venereal department.

One, or 6 per cent of the dispensaries, treat syphilis in the medical department.

Two, or 12 per cent of the dispensaries, treat syphilis in the genito-urinary department.

4. Dispensaries which pay the attending physicians. Two, or 10 per cent.
5. Dispensaries which collect small fee from patients. Seven, or 40 per cent.
6. Dispensaries which collect a fee for Wassermanns. Five, or 30 per cent.
7. Dispensaries which have one room only for treatment. Eleven, or 70 per cent.
8. Dispensaries which have adequate equipment of instruments and apparatus. Four, or 25 per cent.
9. Dispensaries which have facilities for Wassermann. Eleven, or 70 per cent.
10. Dispensaries which require a negative Wassermann for discharge of a syphilitic patient. Four, or 20 per cent. This percentage is deceptive, as dispensaries seldom have the opportunity to treat patients until they are ready for discharge.
11. Dispensaries which require a negative smear for discharge of a gonorrheal patient. Four, or 20 per cent.
12. Records:
  - Six, or 30 per cent of the dispensaries, record the source of infection if possible to obtain it.
  - Ten, or 60 per cent of the dispensaries, record the visits of the patients on the history cards.
  - Seven, or 40 per cent of the dispensaries, record the condition of the patient when discharged.
  - One, or 5 per cent of the dispensaries, summarize the histories.
  - Two, or 10 per cent of the dispensaries, use a system of date cards.
13. Dispensaries which had a record of the number of venereal patients for the last year. Five, or 30 per cent.
14. Dispensaries which had a record of the number of visits of the venereal patients for the last year. One, or 5 per cent.
15. Dispensaries which had a social service worker. Six, or 35 per cent.
16. Dispensaries which gave literature as to how to avoid spreading infection. One, or 5 per cent.
17. Dispensaries which had some method for maintaining regular attendance. Four, or 20 per cent.

*Conclusions*

1. At many of the dispensaries individual care and treatment of the highest order was given the patients. Of the total number of dispensaries visited there were three only whose records demonstrated their efficiency according to the standards indicated by our questionnaire. Two of these treat large numbers of patients and one a very small number.

2. With these exceptions the dispensaries showed their inefficiency either in lack of adequate equipment, or incomplete history cards which failed to record a proper history, the date of visits, the treatment given and results of treatment, or in failure to have any follow-up system such as date cards and social service worker.

3. The explanation for this inefficiency was given as insufficient funds to furnish clerical force, lack of interest on the part of the attending physicians and no regulation on the part of law or health department to enforce the proper recognition and treatment of venereal disease.

## THE CASE AGAINST PROPHYLAXIS

EDITH HOUGHTON HOOKER

In 1915, Secretary of the Navy Daniels wrote to all commanding officers as follows:—

The spectacle of an officer or hospital steward calling up boys in their teens as they are going on leave and handing them these "preventive packets" is abhorrent to me. It is equivalent to the government advising these boys that it is right for them to indulge in an evil which perverts their morals. I would not permit a youth in whom I was interested to enlist in a service that would thus give virtual approval to disobeying the teachings of his parents and the dictates of the highest moral code. You may say that the ideal raised is too high, and we need not expect young men to live up to the ideal of continence. If so, I cannot agree. It is a duty we cannot shirk to point to the true ideal,—to chastity, to the single standard of morals for men and women.

This was before America's entrance into the great war, before the compelling power of necessity had forced upon military and medical men alike a true realization of the practical cost to the nation of venereal disease. At that time, numbers of men who have since come to accept the idea of prophylaxis as ethically sound, instinctively reacted upon moral grounds against the plan, but favored its temporary adoption for the sake of practical expediency. "Prophylaxis is necessary toward winning the war," they said, or "continence is the desideratum, but this can only be accomplished through 'education' and the time is too short," or "with Germany driving at the gates of civilization, our soldiers must not be permitted to make themselves unfit for military service simply in order to be thoroughly consistent." Even Secretary of the Navy Daniels, who before the war was so definitely opposed to the prophylactic packet, finally capitulated and accepted the "early treatment" plan. On May 7, 1918, he wrote as follows:—

Every man in the Navy is given opportunity to present himself to a medical officer for early treatment and such measures of preventive

medicine as may still be possible if he has wilfully indulged in sin against the admonitions of his medical advisers and in spite of the splendid endeavors of the representatives of the Commission on Training Camp Activities.

Members of the Commission on Training Camp Activities constantly averred that prophylaxis was desirable only for the duration of the war, and that the prophylactic station would be most subversive if introduced into civil life. Finally, the confusing synonym "early treatment" became current and the opposition appeared completely to give way. In those earlier days it was predicted that if prophylaxis were introduced into the Army on a grand scale, simply for the duration of the war, it would be well nigh impossible upon the conclusion of the war to prevent its introduction into civilian communities. The soldiers would be returning to their home towns, they would be trained to a dependence upon prophylaxis, they would be convinced that prophylaxis was the surest, the safest, in fact the only method of controlling venereal disease. They would demand prophylaxis as a measure essential to their health, and even the men who had not availed themselves of it, would scarcely question its ethical soundness since it had first been brought to their attention through government agencies. Medical men too, would have come to appreciate the practical feasibility of this procedure, and their apprehension with regard to public resentment would have been stilled.

That this prediction has been realized is sufficiently indicated by the fact that the United States Public Health Service now actively advocates the direction of public funds toward the institution of prophylaxis for the use of civilians. In June, 1918, the Congress of the United States passed the Army Appropriations Act, which provides for the allotment to State Boards of Health of \$1,000,000 each year for two years, beginning July 1, 1918, for the fight against venereal disease. For the second of these two years the payment of the states' allotment is contingent upon the appropriation of an equal amount by the state for the prevention of venereal disease. The Public Health Service, through its Division of Venereal Diseases, is detailing

to the various state boards of health an officer of the Public Health Service in uniform, who in most cases is in charge of the Bureau of Venereal Disease in the State Board of Health. His work is directed jointly by the Public Health Service and the State Board of Health. One of his principal duties is to organize and establish venereal disease clinics where prophylaxis will be given.

Under the title "Instructions to Medical Officers in Charge of State Control of Venereal Disease," Miscellaneous Publication number 19, of the Treasury Department, the United States Public Health Service states on page five:—

#### CLINICS

Venereal disease clinics will be organized under the direct supervision of the medical officer, acting as the representative of the State board of health, who will forward to the Surgeon General of the United States Public Health Service evidence in writing that each clinic has been thus organized, together with the date when its supervision was taken over by the State health department. These clinics should have a very close relation to the county health officer and the local medical profession, and to the community in general.

The standards for venereal disease clinics are to be determined jointly by the State health officer and the medical officer of the Public Health Service. It is requested, however, that these standards shall conform as closely as possible to the requirements here given.

On page 11 under paragraph 10, the requirement with regard to prophylaxis is given:—

10. *Administration of early or prophylactic treatment.*—Every extramarital intercourse is to be regarded as an exposure to venereal infection, and the so-called *prophylactic* treatment is really *early* treatment given without waiting for definite diagnosis.

Such treatment is very efficacious in preventing the development of venereal infections if given within the first hour after exposure. Its value rapidly diminishes from then on, and when four hours have elapsed since the exposure it is of very little usefulness. It should, however, with this understanding, be given up to at least ten hours after exposure.

The following footnote is appended:—

It is not designed to establish prophylactic or early treatment stations primarily as such, but all clinics should be prepared to intelligently administer this treatment to voluntary applicants who give a history of exposure within a few hours immediately preceding their application.



Under the direction of the Surgeon General, the Medical Officer is required to report monthly on all of his activities in the state including, "(d) The establishment of increased facilities for early diagnosis and treatment."

Since, in the beginning, even military and medical men objected upon ethical grounds to the establishment of civilian prophylactic stations, and since now through governmental agencies and the use of public funds, the institution of such stations is being encouraged, it behooves the lay citizens, both men and women, to go over the ground impartially and without delay, and to decide whether or not they desire the prophylactic station for the use of their sons. Within this same clause would come the use of the prophylactic packet, for it is clear that at least temporarily it would be impossible to establish sufficient stations, especially in the smaller towns and rural districts, to meet the activated demand, whereas the prophylactic packet, unless its sale were prohibited by law, would be readily available to all.

In considering the utility of prophylaxis as a preventive of venereal disease, the discussion may very justly fall under two heads, first the practical medical efficiency of the measure, and second, the moral effect of the essential propaganda. As Major Leonard Darwin said: "If the early treatment of these diseases is right, it follows that it cannot be wrong, not only to make known this fact, but also to indicate where this early treatment can be obtained. To create hospital facilities which no one knows about, or which are believed to be unnecessary, would be obviously foolish." Moreover, the information would have to be disseminated among boys and very young men, for it is recognized that the vast majority of initial infections occur among youths between the years of eighteen and twenty-five.

The experience of the past eighteen months, drawn from enormous numbers of prophylactic treatments given, would seem to indicate, first,—that the efficiency of prophylaxis bears a direct ratio to the promptitude with which it is administered; second, that even under ideal conditions it is by no means infallible, and third, that the men who expose themselves to venereal infection cannot be relied upon, even after careful instruction, in-

variably to report for treatment. It is to be remembered that the Army program included not only prophylaxis, but under the leadership of the Surgeon General and Lieutenant-Colonel W. F. Snow, the emphasis was laid on education and law enforcement for the purpose of reducing infection by diminishing illicit sexual contact. The success of the methods of prevention other than prophylaxis seems, according to Major W. A. Sawyer, to be clearly shown in the numerous instances in which the rate of venereal infection fell while the number of prophylactic treatments also went down. There is a great difference of opinion with regard to the percentile efficiency of prophylaxis in aborting cases of venereal disease, some men stating that it is efficacious in fifty per cent of the cases if given within two hours after exposure, while others claim a much higher ratio of success. Even the statistics gathered seem to point with absolute conclusiveness to but one thing, namely, that even under military conditions, when a system of prophylaxis can be enforced by penalization, by education and by rigorous army regulations, the venereal diseases still present the greatest single menace to military efficiency that exists.

Those who advocate the introduction of the prophylactic station into civil life base their demand upon what they believe to be the proven efficiency of prophylaxis. They believe, as did the regulationists in their day, that sufficient statistics are at hand to demonstrate that the venereal rate is materially improved as a result of this measure. Statistics, however, form a precarious basis upon which to predicate results, for many unknown factors may intervene to alter their significance and the conclusions drawn therefrom may in no wise coincide with the facts. For example, according to the estimate of the Surgeon General of the Army, five-sixths of the venereal disease in the Army was brought in at the time of mobilization; that is, five soldiers brought their disease into the Army from civil life, whereas only one soldier contracted his disease after enlistment. From these figures it is precipitately inferred that venereal disease is five times more prevalent in civil than in army life, and the conclusion is drawn

that prophylaxis must be miraculously efficient. Now, in point of actual fact, these figures are susceptible of no such deduction, for the high proportion of cases originating in civil life may be due in large measure to the longer time period during which exposure to disease was possible. Moreover, prohibition and the closure of the red light districts in the vicinity of army encampments doubtless contributed materially to lessen the venereal rate, for it is well known that venereal disease bears a direct ratio to alcohol and the availability of prostitution.

In an interesting series of cases reported by Medical Inspector Charles E. Riggs, United States Navy, he found that following the removal of segregated prostitution in Norfolk, Virginia, the percentage of infection among the men in the service dropped through five successive periods of five months each from a yearly rate of 101 per 1000, to 48.9 per 1000. Since medical prophylaxis had been in use for some time prior to the period covered in these statistics and therefore constituted a constant factor, it would scarcely be possible to attribute the improved rate to prophylaxis.

Another condition that is also frequently overlooked in considering the army statistics, is that many of the girls who were used by the men in the service did not belong to the ordinary prostitute class. Caught by the lure of the uniform and stimulated by the war spirit, large numbers of very young girls made their initial sexual mistake at the behest of some soldier. To classify intercourse with these previously chaste children as exposure to venereal disease may involve serious error. One point that it is of prime importance to ascertain before any positive statement can be made with regard to the percentile efficacy of prophylaxis is the actual infectiousness of the girls implicated in the illicit intercourse. This factor is one of the unknowns that makes reliance upon the army statistics of such doubtful surety.

Even the average rate of infection of men following illicit intercourse unassociated with prophylaxis remains to be determined, for some men boast that they have had a hundred girls without prophylaxis, and have come through unscathed, while

many men have contracted venereal disease on their first exposure. The susceptibility of different men to venereal disease may, for all that is known to the contrary, vary greatly, and yet this factor is left altogether out of account in the statistics regarding prophylaxis.

According to army terminology, every illicit intercourse constitutes exposure to venereal disease and the statistics are interpreted on this basis. If, out of 100 prophylactic treatments, only 1 or 2 per cent are followed by infection, it is left to be assumed that the other 98 or 99 per cent achieved immunity as a result of prophylaxis. That such a deduction is utterly untenable clinical experience sufficiently indicates, and yet it is upon baseless evidence of this sort that the assertion is made that prophylaxis is "practically infallible." The stress that is laid upon the necessity for prompt administration leads to the inference that it is a practically certain preventive, and yet multitudes of cases are on record where venereal disease has developed following even the prompt administration of prophylaxis. Thus Bishop Lawrence states:—"If given within a certain time after possible infection, prophylaxis is a practically sure preventive," and he draws the conclusion that "prophylaxis does more to cut down the number of infected men than any one cause."

That this lay optimism is not universally shared by medical men who have had long experience with prophylaxis is well evidenced in an article prepared by Dr. R. C. Holcomb, Medical Inspector U. S. Navy, and published in *SOCIAL HYGIENE*. Dr. Holcomb's report covers a long series of years in the United States Navy, from 1880 to 1916, and especial attention is given to the years from 1909 onwards, during which prophylaxis was in force. The report says:—

Let us first examine the rate for gonorrhea. In 1918, the rate was 10.7 per 10,000, and for the preceding seven years the highest rate was 12.3. When prophylaxis went into effect in 1909, the rate increased to 16.6, and has not been lower than 15.05 per 10,000 since that time. Gonorrhea cannot, therefore, be said to show improvement.

Let us now glance at the table for chancroid. The rate in 1908 was 3.3 per 10,000. In 1909 (when prophylaxis went into effect) the rate increased to 4.6. The rate here does not, on the whole, show much beneficial influence as a result of prophylaxis. In fact the ratios for the four years preceding 1909 are lower than for any year since.

We may now see what has happened so far as syphilis is concerned. In 1909 the damage rate increased from 30.0 per 10,000 to 38.7 per 10,000; the rate since then compares very favorably with preceding years. In 1914, it dropped to 24.4 per 10,000, a rate only bettered by the record of the year 1893, when it was 23.6 per 10,000. How much the drop in damage since 1911 has been influenced by improved methods of diagnosis and treatment, I cannot show by statistics, but in this year the general use of salvarsan came into vogue, and in my opinion this fact is a large factor in accounting for the improvement in the damage rate of syphilis.

The figures for syphilis for the years immediately preceding and following the institution of prophylaxis are,—1907, damage per 10,000, 30.3; 1908, 30.0; 1909,—in which year prophylaxis went into effect,—38.7; 1910, 32.5; 1911, 36.7; 1912, 31.1; 1913, 31.6; 1914, 24.4; 1915, 31.6; 1917, 31.5.

In the course of his paper, Medical Inspector Holcomb says further (referring to still other tables):—

These rates might lead us to conclude that a method of prophylaxis depending upon the efficiency of antiseptic drugs alone was a most dangerous and reprehensible sort of a propaganda, and we might be inclined to interpret these rates as indicating an alarming degree of license. It would suggest that men were depending for safety after exposure upon the protecting and shielding power of a drug which had failed their expectations. Doubtless the prophylactic measure did breed a sense of security. Anyone who kept in touch with his crew could not fail to note this, but the increase in the rate was not all due to this cause.

In another part of his paper, Medical Inspector Holcomb says:—

Now comes the question whether the government should take the part of the apparent panderer and offer this or any other treatment or device as a protection from the results of venery. Coming from

an administrative office, I have met the mother, whose trembling voice told me her son came to the Navy an innocent boy, and the disease for which he was invalided and cast off was contracted because he believed from instruction received, that if he only used the prophylactic he might incur the risk with impunity. Having met this mother, I can see more phases of the question. Again, I recall the lad who experimented with the prophylactic packet claimed to be so safe that it is "practically infallible" and when he was discharged for disease not in line of duty, his father and a lawyer claimed that he was a victim of science; that he had exposed himself and used the prophylactic for the advancement of science. To drive the question home, I ask, would you who have sons, want someone to put such a packet in his hands and suggest thereby that he expose himself to a prostitute unnecessary to his physical or moral well being? I leave each person to answer this question for himself, according to his sense of morality.

If, as Medical Inspector Holcomb claims, prophylaxis causes an increase in illicit intercourse, it is at least possible that the increased exposure leads to an increase in infection despite the efficacy of prophylaxis in dealing with the individual case. The situation is analogous to that which obtained under regulation, and is open to the same objection. In "Prostitution in Europe," Mr. Abraham Flexner said, "to whatever extent regulation tends to increase irregular commerce by diminishing individual and social resistance, to that extent it tends to increase the amount of venereal disease. Therefore, even if regulation should be found to be more or less effective, its sanitary achievement has to be offset against the increased amount of congress to which it indubitably conduces; one has to ask whether more congress with regulation is not likely to result in more disease than would result in less congress without any regulation at all."

Most of the supporters of prophylaxis grant that the institution of this measure leads to an increase in irregular sexual commerce, but so they claim does the actual treatment of venereal disease. In a recent paper, Major Leonard Darwin, who is actively sponsoring the movement toward prophylaxis in England, says:—"No doubt by affording facilities for such preventive treat-

ment we should seem openly to recognize promiscuous intercourse and open recognition is apt to be accompanied by a slacking in the efforts to prevent immorality. But in my opinion, this harmful influence, though it has to be recognized, must be faced in view of the immense mass of misery from which both the guilty and the innocent might be saved by the early preventive treatment of those possibly infected."

At first thought, this reasoning seems plausible enough. The choice presented is between two evils, and the acceptance of the lesser evil is but in line with common sense. However, when one considers in human tokens what increased immorality really means, it becomes scarcely credible that men of sound ethics and understanding can agree to pay this price even for so humane a purpose as to cut down the incidence of venereal disease. Increased immorality, which Major Darwin states must be so plainly faced, predicates the addition of new recruits to the ranks of prostitution, for since men cannot have sexual intercourse alone, an activated demand on the part of men for copartners in vice necessitates a corresponding increase in the supply. In other words, the diminution in the venereal rate is to be paid for in the degradation of girls who would otherwise, according to Major Darwin's own assumption, be spared from a life of sexual perversion. This, in an era of civilization, is an astonishing price to offer for any human benefit, and it is to be doubted if so complete an abrogation of the ordinary principles of human decency can result in anything but a fictitious improvement. In point of fact, each new girl who is brought in will in turn become an additional center of infection.

With prophylaxis, as in the case of regulation, this willingness to accept immorality on the part of men as an unavoidable increment in the program, gives rise to the question as to what may be the ultimate objective in the campaign. If, as so many supporters of prophylaxis state, a single standard of morality for the two sexes is the object sought, it seems obviously incompatible with wisdom to institute temporizing methods for the control of venereal disease when these methods are known to be an-

tagonistic to the primary purpose in view. Surgeon General Gorgas said in an address before the American Public Health Association, "If the sexual morals of our male population were on the same plane as the sexual morals of our female population, I am inclined to believe that venereal disease prevention would be far on the road to success, and I hope that this relation of morals to the problem can be brought about by the very general educational processes that we are at present engaged in spreading throughout the population."

But in connection with the educational campaign prophylaxis is a great impediment to progress for it necessarily "slackens the effort to prevent immorality" by giving official governmental sanction to sexual vice for men. Actions speak louder than words, and no young man of sense will believe preceptors who tell him verbally that sexual vice is intolerable, if at the same time he witnesses their open toleration of it.

In order to think clearly of the relation of morals to the campaign against venereal disease, it is well to regard continence simply as a sanitary measure. Differently phrased, it is merely avoidance of exposure to venereal infection. This is a fundamental principle in the control and prevention of all other infectious diseases, for example, diphtheria, small pox, rabies. etc. In the case of these others any prophylactic measure which carried with it a guarantee of increased exposure or which indeed paralyzed the arm of the law in enforcing regulations against exposure would be regarded with extreme skepticism.

This is the place where ethics and hygiene meet, for here the object is identical. The moralist and the sanitarian both desire, for different reasons, the same thing, namely, to prevent exposure to venereal infection. Instead of a single standard of morals it may be said that a single standard of hygiene is the object sought, for thinking in sanitary terms it is clear that a campaign against an infectious disease cannot sensibly be conducted along sex lines. To attempt to control the spread of scarlet fever or small pox or diphtheria by preventing the exposure of females to infection while openly permitting the unlicensed ex-



posure of males, would be so contrary to reason that even the most untutored mind would instantly grasp the anomaly, and yet unhappily in the case of venereal disease, it is precisely this plan that many sanitarians are unthinkingly following.

The case as put forward by the proponents of prophylaxis suggests the ancient legend of the princess and the dragon, when to save the country from pestilence the people led forth a victim each year to be devoured by the monster. The ethics of prophylaxis as phrased by Major Darwin is strikingly similar, for to save the country from the pestilence of venereal disease he concedes the necessity of a continual sacrifice of fresh girls to the moloch of men's lust. That such a sacrifice is not incompatible with humanitarian ideals is witnessed by the alleged fact that all treatment of venereal disease serves to remove one of the obstacles to immorality. "To let these diseased run riot," says Major Darwin, "unchecked and unalleviated with all the terrible consequences of such a policy, would add greatly to the fear and lessen the practice of immorality. But if we repudiate this horrible alternative we must admit that our medical efforts do tend somewhat to increase vice, and that we are striking a balance between the advantages of lessening the suffering from disease as against the evils of increasing sexual immorality."

It is this close alignment between prophylaxis and the actual treatment of venereal disease that has so confused the public mind with regard to the ethics of prophylaxis. The duty of giving medical care to sick people regardless of their conduct is so plain that the application of the term "early treatment" to prophylaxis, has served as a sort of ethical guarantee of its propriety. On mature consideration, however, it will be seen that the ethical and educational values involved in prophylaxis and in the treatment of venereal disease are utterly at variance.

Possibly the simplest way of making clear this difference is to consider the effect of prophylaxis and the actual treatment of venereal disease in the case of women. Suppose, for example, coincidently with the introduction of prophylaxis for men, "early treatment" stations for the use of women were to be instituted.

Following out the same chain of reasoning that is applied in the case of men, all penalization for sexual irregularities on the part of women would have to be abandoned, for as Capt. Clarke said, "If then punishment were administered for illicit sex relations and women (in this case) knew that they would convict themselves in applying for such treatment, they would fail to apply and there would be a consequent increase in venereal disease." Thus for the sake of early treatment, immorality on the part of women would have to be faced, and all measures for the prevention of irregular sexual commerce for women, save education and recreation, would have to be abandoned. Propaganda talks on the subject of the dignity and responsibility of sex might be still held, and literature including admonitions with regard to prophylaxis be distributed, and the brothers, fathers and husbands of the women might meet together and lay plans for recreation suitable to tempt their wives and daughters away from the paths of vice, but to keep the campaign on the same plane as is that for men at present, no more stringent measures could be entertained. Above all, penalization for vice could not be seriously considered, for the women would not report for prophylactic treatment if thereby they made themselves liable to punishment. No nurse could be dismissed from the service for improper conduct, no girl committed to an institution for rehabilitation, no prostitute jailed, and feminine sexual immorality would have to be openly and philosophically accepted as part of the medical program. To any reasonable person it is clear that a single decade under such a policy of toleration, if carried through with the sincerity actually practiced in the case of man, would result in a striking change in the standards of feminine conduct.

Now in the case of the venereal clinic, no such reversal of public and private policy with regard to feminine morals is involved. It is inconceivable that the voluntary treatment of women has ever contributed in the smallest degree toward fostering immorality. On the contrary, the venereal clinic by making known the ill results of vice has been a distinct influence in checking irregular sexual commerce. The effect of the propaganda di-

rected toward increasing the scope of the venereal clinic, for both men and women, is exactly opposite to the effect of the propaganda toward prophylaxis, for the normal individual does not enjoy the prospect of contracting a serious disease even if he or she realizes that in the majority of cases it can be cured. Prophylactic propaganda leads men to suppose that the physical evils of vice can be avoided, while the propaganda leading toward the venereal clinic acts in a precisely contrary manner, by stressing in every instance the dangers associated with immorality.

The very term "early treatment" is a false use of words, for it is impossible to treat a disease if it is absent. The fact that the government pleases to call all illicit intercourse "exposure to venereal disease" does not, by that same token make it so, and prophylactic treatment has without doubt been given in many cases where the infective organisms of both syphilis and gonorrhea were absent. This abuse of language conduces to an exaggerated notion of the efficacy of prophylaxis and in turn this leads to a false sense of security. Here again the contrast between the venereal clinic and prophylaxis is obvious, for it is unimaginable that either the propaganda leading toward the clinic or the actual treatment of venereal diseases ever fostered a false sense of security with regard to the physical dangers of vice.

It is this phase of the problem that has led some supporters of the prophylactic station to discriminate between the station and the prophylactic packet. That such a discrimination is utterly untenable becomes clear on consideration of the psychological factors involved in the case of the two measures. By some lapse of reason it is fancied that the sense of security implied by the prophylactic packet differs in an obscure way from the sense of security associated with the prophylactic station. It is true that the prophylactic packet does carry with it the imputation that vice can be made at least comparatively safe, but the same imputation, even in an exaggerated form, is inextricably enmeshed with all propaganda directed toward the prophylactic station. Verbal admonitions as to the undependability of prophylaxis

laxis can be equally well given in the case of the station and the packet, but it is scarcely to be believed that the adherents of either measure will find it congenial to emphasize the failure of prophylaxis when they are attempting to instill faith as to its usefulness.

Doubtless the factor that has contributed more than any other to this fictitious discrimination is the desire on the part of those concerned in advocating prophylaxis to conceal even from themselves a true realization of the part they are playing. It is not a nice thing to admit that one is acting the panderer, by attempting to make vice safe for men, and the prophylactic station lends itself more readily to mental camouflage than does the prophylactic packet. When an officer or a steward hands a boy a prophylactic packet as he is going on leave, the act suggests in a brutally frank way that the government is playing the part of panderer; but is not the psychology of the case so far as the boy is concerned, precisely the same when government officials tell him through literature, placards and propaganda talks that the prophylactic station is waiting for him when he gets to town? The suggestion that vice can, by medical measures, be made comparatively safe, and the additional guarantee that the government absolutely endorses it, is identical in the case of the station and the packet, and it is these two factors in combination that influence the conduct of the young man. The fact is that the sensitive adherents of prophylaxis, such as Secretary of the Navy Daniels, by a feat of mental gymnastics, convince themselves that instruction in station prophylaxis cannot by any possibility affect the conduct of young men until the moment immediately following illicit sexual intercourse, whereas the bodily presence of the prophylactic packet in possession of the young man prior to sexual intercourse, dispels such comforting illusions. In point of actuality, instruction in regard to the prophylactic station involves quite as much suggestion as to the safety and tolerability of vice as does the packet, for in order to insure usage of the station, information must be spread broadcast as to its whereabouts and its utility. Moreover, this knowl-

edge must be in possession of the young man preceding illicit sexual intercourse, for the measure is admittedly useless if its administration is delayed. The importance of the prompt use of the measure makes it impossible for the men to wait for treatment until they return to camp, so prophylactic stations have to be instituted in the towns which the men visit. This necessitates the posting of signs in barracks or similar devices advertising the location of the stations in town, and these serve as a constant suggestion toward vicious conduct and turn the mind at all times upon sex matters. To discriminate between giving this information and giving the packet is idle, for in both cases it is "equivalent to the government advising these boys that it is right for them to indulge in an evil which perverts their morals." In the case of the packet and the station it is equally possible for an officer or steward verbally to state that vice is not necessary to health, or that prophylaxis is not infallible or any other moral admonition. The leading facts that the boys derive will be the same, namely, that the government sanctions vice for men and that medical measures are a good substitute for continence in avoiding the risk of venereal infection.

It is not improbable that the station exerts a more cogent influence even than the packet in reducing the sex life of men to the lowest level of bestiality, for in addition to placing the government in the position of condoning vice and pandering to it, the station is calculated to rob men of their last remnant of ordinary decency. All but the most depraved of men have an instinctive aversion to displaying the crash facts of their sex life publicly, and an additional element of brazenness is introduced into conduct when men fresh from the embraces of their prostitutes frankly meet together at the government clinic. For medical men under such circumstances to presuppose a high moral atmosphere as an attribute of the prophylactic station, is an admission on their part of blind refusal to view human nature as it is. This is particularly the case since the procedure in giving the treatments is so simple that it is generally entrusted to men who have had no medical training at all. The character of the

errand on which the "patients" come to the station is such that face to face together, they must take sex adventures lightly, and while they wait their turn for treatment it is not to be supposed that their conversation will turn upon very lofty themes. The slang that has already emanated from the station, the succinct question as to who has and who has not "had his shot," the filthy stories of shooting rat poison into a man and what not, are a sufficient index of the moral effect of this branch of the government service. Then besides, there are the lads who night after night meet and handle endless streams of fornicators and adulterers without being permitted even the moral concept that it is the business of the patriotic citizenry of any country to prevent base conduct—not to pander to it. It is to be doubted whether even the most enthusiastic advocate of prophylaxis would contemplate with composure the detail of his own son to this particular duty, and yet to compass the administration of the ordinary routine treatments, very large numbers of young men are needed.

In the case of the venereal clinic it is amazing to witness the difference in atmosphere, for here the outcome of the sex adventure has in most instances passed far beyond the measure of a joke. Most of the men come to the clinic in solemn earnest, some of them crushed by the fear of what the future holds in store for them. The men are here because they are sick, not because they have been immoral, and the clinic therefore savors of the hospital. The prophylactic station, on the contrary, reeks of the brothel, for the men there still have the stain of illicit intercourse upon them, and come the self-confessed violators of a moral law.

Innocent and guilty alike wait their turn in the venereal clinic. The syphilitic child, the wife reaping the wild oats that her husband sowed in boyhood days, the man sick of a vile disease due to the infidelity of the woman he trusted in wedlock, the prostitute masquerading as a married woman, the preacher hiding his shame behind a cobweb of lies. To distinguish innocent from guilty would require a court of law, not a dispensary clinic, and the doctor would have to act as advocate or judge, and empanel

the nurses and assistants as a jury before he could go on with a treatment. Such procedure is wholly out of line with established precedent, and antagonistic to the humanitarian principles upon which the science of medicine is based. The doctor is not fitted by training or experience to act as judge of human conduct. His business is to cure the sick, and so long as he honestly follows his calling, he may, with righteousness, leave the complicated tangle of human conduct to be unraveled by other agencies.

The treatment of patients in the venereal clinic in no wise standardizes human conduct. The personal problems are so complex that in the main they are insusceptible of immediate judgments. It is true that the self-confessed fornicator and adulterer apply for treatment, but even in these cases the date and nature of the offense may offer extenuating circumstances. The lapse of time under the law in the instance of many crimes invalidates the prosecution. Moreover, to deny treatment even in the most flagrant cases and to condemn a man to die horribly or to lead out a maimed existence in payment of his sin, while men guilty of precisely the same conduct, if by chance they escape disease, are completely exonerated, is a violation of the ordinary precepts of justice so extreme as to be intolerable. One of the major functions of penalization under the law is the prevention of wrong doing; revenge, except among savages, is no longer accepted as justifying punishment. Moreover, a cardinal principle in the administration of justice is that chance shall, in so far as possible, be eliminated from the operation of the law. All persons guilty of the same misconduct under similar circumstances, are equally guilty before the law, and the imposition of penalties upon their apprehension is not, if there be any show of justice, left wholly to chance.

It is in this respect that reliance upon venereal disease as a punishment for venery, violates the fundamental concept of human justice, for chance alone operates in the infliction of the penalty. The most guilty man frequently goes scot free, while the virtuous or comparatively virtuous pay to the full measure. The truth is that the contraction of a venereal disease cannot, ac-

according to accepted principles of human justice, be regarded in itself as a punishable offense, for it depends upon chance, not upon volition, and it is basely unfair to penalize ill fortune.

It is in the conduct leading to infection, not in the infection itself, that society must seek its standards for sex ethics. The doctor cannot pursue his calling as clinician, if at the same time he is forced to order his treatments according to ethical, not scientific laws. The clinic is not the proper place to sift out morals, for sheep and goats must both be treated if they are diseased.

In the prophylactic station, on the contrary, no such complicated tangle of conduct is involved, for every man who there makes application comes for the simple reason that he has had illicit sexual intercourse. He is not ill, he is merely immoral, and though he may subsequently develop disease, if the state officially recognizes his conduct without exacting punishment, it at the same time declares that irregular sexual commerce comes within the law. At the prophylactic station, the doctor need not act as judge, for all of the applicants without exception are by their own word guilty of the infraction of a moral law. In any other province it would be clear that a malefactor could not be permitted by the state openly to confess his guilt and still to escape all punishment, for the acceptance of wrong doing on the part of one justifies it for all. Thus it is seen that the prophylactic station, in contrast to the venereal clinic definitely standardizes human conduct, for it gives governmental recognition to fornication and adultery, and by accepting vice without penalization, practically sanctions it.

The truth of this statement becomes apparent on consideration of the relation of the prophylactic station to the fornication law. If a sincere effort were to be made by the police to enforce the fornication law, the first place they would have to raid would be the prophylactic station. They would be obliged to arrest all of the "patients" found there, and to seize the histories and other data giving the names and addresses of self-confessed fornicators. In addition, they would have to watch the station, and to take up



the men as they applied for treatment. Under such procedure the prophylactic station would soon have to close its doors for lack of applicants. The venereal clinic, on the contrary, would not be liable to such a wholesale raid, for the patients coming there would not all be guilty of fornication, and additional information besides their mere application for treatment would have to be acquired before arrests would be in order. Thus the venereal clinic could continue in operation even with the sincere administration of a fornication law, while the prophylactic station would automatically cease functioning if a fornication law were honestly enforced.

It is this relation of the prophylactic station to the standardization of conduct that makes it so subversive an element in the realm of sexual ethics. The prophylactic station necessarily brings fornication within the law, for any statute forbidding fornication must be a dead letter if the station is to continue openly in operation. But the first step in the control of venereal disease must, according to all the dictates of hygiene, be to prevent exposure, and yet this is impossible so long as prophylaxis is frankly accepted.

In the end, as General Gorgas has indicated, success in the control of venereal disease depends upon the education of the individual with regard to sexual conduct. Toleration of male promiscuity predicates an indefinite perpetuation of the social evil, and it is from this source that the venereal diseases flow. As with the girl, so with the boy, the crux of the matter is the prevention of the initial misstep. Chastity is its own best safeguard, for once infringed, immorality becomes ever easier and easier. It is because of this that prophylaxis is so great an impediment to the educational program. The community must set its stamp of disapproval upon masculine vice before the boy will learn in time that immorality is contrary to his own best interests. The open toleration of vice leads youth to understand that there is nothing harmful in it, and the establishment of a double standard of morals substantiates belief in the sexual necessity for men.

The law is the greatest of all educators in relation to human conduct, for it sums up the experience of the race, and by setting an arbitrary penalty for base conduct indicates to the inexperienced the price which such conduct entails. Now society has purchased at the cost of much tears and blood concrete knowledge as to the cost of masculine promiscuity. Venereal disease, prostitution, illegitimacy, and many other ills are known definitely to spring from fornication. Failure to write this information into law, to penalize fornication and thereby to make the ill results of vice discernible to the young merely results in forcing each generation to live over the painful experiences of the past.

The object of punishment is deterrence, and when the race has learned that the way of fornication is full of pitfalls, it is but merciful to set a signpost there. The murderer is hanged, not for his reformation, but that all the world may know that human life is sacred. The thief, the forger is imprisoned, and young men learn that property rights are fundamental to the social order. Thus experience once bought and paid for is made comprehensible to youth, but in the realm of sex each generation pays for its own knowledge. Law is but the crystallization of human experience in such form that it can be understood and utilized, and the community owes it to the rising generations to inscribe its experience in sex matters into a rational program of law.

Measures which render this program ineffective, even though they possess plausible medical virtue must inevitably fail as in the case of regulation. A few years since medical men in the Army practically with one voice supported regulation. To remove one source of infection, they maintained, must at least to that extent diminish the spread of venereal disease. But their logic failed, for they overlooked the fact that the removal of one source of infection necessitated the toleration of many more. Such tradition dies hard. Today the same men base their hopes for diminishing venereal infection upon the same, though a differently phrased, plan. Both regulation and prophylaxis are an effort

by the use of medical measures to make vice safe for men, and both equally necessitate the open toleration of masculine promiscuity. For the same reason that regulation was abandoned, prophylaxis will eventually be thrown into the discard, for both systems are similarly out of line with ethics and hygiene.

As Mr. Abraham Flexner said, "Prostitution is a concept involving two persons. Logic and justice alike require that both parties be considered equal partners in the act; and in no respect is it more completely impossible to omit either of the two essential factors from the reckoning than in the matter of disease. Society has chosen to overlook the man, but nature has righted the balance by impartially distributing disease and suffering, nor will she permit herself to be outwitted by any one-sided scheme, even though it be far more extensive and efficient than regulation has thus far anywhere been."

## THE PORTO RICAN EXPERIMENT

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Porto Rico is an island. For over four hundred years it has led an even existence. Its people have been little changed by immigration and the population has remained the offspring of the Spanish settler, his black slave, and a mixture of the two races in all degrees. Men there are born under the tropical sun, with little of the prejudice of the staid north, with fewer of the conventions, and only for a score of years under the influence of American institutions.

Syphilis probably had an early start in Porto Rico, for it is one of the island group of which Las Casas (for whom the camp is named) wrote: ". . . all addicted to sexual excesses, who did not observe the virtue of continence . . . were attacked by the disease [syphilis], not one in a hundred escaping unless the women were healthy."

Twenty years ago an American army of occupation came to the island. Its venereal ineffective rate for the first six months was 467.80 per thousand.<sup>1</sup> Nearly a fourth of the command were victims of syphilis, gonorrhea or chancroid, rendering them ineffective. At this time the venereal ineffective rate for the continental United States was 84 per thousand. In a way, this marked difference between armies at home and at colonial stations seems to parallel the rates for British troops at home and in India.

The average rate for the Spanish troops stationed at Porto Rico prior to the entry of the Americans was, for the five year period from 1889 to 1893, 338 per thousand; and from 1894 to 1898, 431 per thousand; 1898 gave 566 per thousand which was the highest recorded. Even recently, conditions were such as to warrant placing San Juan on the black list for visiting navies. Since 1903, no warship of any nation has allowed shore leave at

<sup>1</sup>From "Military Government of Porto Rico, 1889 to 1900."

this port, which is only six miles from where Camp Las Casas was organized.

Prostitution on this island was a legalized business. The European system of medical inspection and registration was in vogue in San Juan from 1905 to 1917. Here an "Especial Hospital for Women," to register, examine, and treat the public women was maintained by the municipality. Cards were issued upon which the result of the daily examinations were entered. At this hospital 1,691 women were registered from April, 1912, to October, 1917, of whom 515 were registered for the first time during the four years from July, 1913, to July, 1917. In other cities of the island the police registered the public women and in some measure kept the business on a peaceful basis.

Not long ago an opportunity to examine the women engaged in prostitution was given by a measure, later to be described, and the following brief summary of the conditions found among them is given in order that the reader may have the essential facts before him.

Of 296 women at the Ponce district jail, one microscopic examination of the discharges from the urethra, cervix, and vagina disclosed the gram negative diplococcus in 253, indicating latent gonorrhea. Undoubtedly, repeated examinations would have disclosed additional positive and infectious cases among the 43 negative cases. Of the same 296 women, 42 had active infectious lesions of syphilis about the genitals. The clinical diagnosis was confirmed in all of these cases by a positive Wassermann. Among 254 women whose blood was taken for the Wassermann test, whether or not they showed clinical evidence of syphilis, 55 per cent were four plus positive.

In a series of Wassermann tests from 84 women arrested in the ten-mile zone about Camp Las Casas, 53 per cent were four plus positive, and only 32 per cent were negative. Fifteen per cent were inconclusive. Among these women, reputed to be the "best of their kind on the island," seven had *condylomata lata*.

At the district jail at Arecibo, where 290 women were examined, 32 were found to have infectious genital lesions of syphilis.

Thirty-one of these had four plus positive Wassermann reactions. One case of yaws was seen at the institution and treatment with Arsenobenzol instituted. More than 250 women at this hospital jail were getting daily vaginal irrigations, although reports on smears taken had not been made.

Of the total 670 examined at Ponce, at Arecibo and near Camp Las Casas, 12 per cent had dangerously infectious syphilitic lesions, and of 334 routine blood Wassermann tests 54 per cent were four plus positive.

The prevalence of venereal diseases among the men of the island may be estimated from a study of the drafted men at Camp Las Casas. On routine examination of 279 drafted cooks and bakers, 26 per cent gave a four plus Wassermann reaction, and 33 per cent of the 22 employed cooks, whose ages were not limited to 31, gave a four plus reaction. Of the nine thousand men that first came to camp it was necessary to send to the Base Hospital, as unfit for immediate military service, 135 men suffering with infectious lesions of syphilis and with acute gonorrhea; and in the camp infirmary it was necessary to treat over 400 cases of chronic urethritis and 300 cases of latent tertiary syphilis and syphilis with non-infectious manifestations. Another link in the chain of evidence is found in a study of the Porto Rican Regiment, from which it was estimated by Vedder<sup>2</sup> that more than 55 per cent were affected by syphilis.

From the facts given above, it can readily be seen that the problem to be faced in Porto Rico was an acute and pressing one if the twelve thousand men who made up the Porto Rican Army were to be protected from venereal disease.

Some measures intended to reduce the spread of venereal disease had already been instituted before Camp Las Casas was established. Prohibition on the island has probably been one of the important factors. Alcohol and prostitution have been wedded for centuries and the offspring are syphilis and gonorrhea. A bone dry law went into effect in March, 1917, and drunkenness has been practically unknown since. Bootlegging

<sup>2</sup> United States War Department Bulletin, No. 8.

and moonshining are effectively discouraged by the police. The "five mile zone" was created about Camp Las Casas, but in a circumscribed island of some ninety by forty miles in dimensions, the provisions of Section 13 were not as effective as might have been hoped. The most flagrant violators dispersed over the island, but slowly many returned, and San Juan and the barrios about it, although without their recognized red light district, had their quota of prostitutes at the time the troops were called to Camp Las Casas.

The first measure taken by the military authorities in the campaign to prevent the incapacitation of soldiers by avoidable diseases, was to withhold passes until the drafted men had been in uniform and under military discipline for at least four weeks. Puerta de Tierra, a barrio about four miles from camp, was closed to officers and enlisted men. The people did not, for some time, resent this order, but at a meeting of property owners and others interested, a petition was sent to the Commanding General of Camp Las Casas asking that soldiers be allowed to visit their families. This petition was refused in the following terms:—

Through authorized agencies for the investigation of such matters, it is learned that the general sanitary conditions of Puerta de Tierra are such that a revocation, at present, of the order referred to would be unwise. The health of our soldiers is of such vital importance to our country that every reasonable and possible means must be employed to protect it.

Passes to San Juan and adjacent towns were limited to daylight, except to married men whose families lived in those towns. Passes to more distant parts could be issued for over night. The number of men allowed passes was placed at 25 per cent of the command for Saturday and Sunday, except under exceptional circumstances.

A personal inspection of cities and towns within thirty miles of the camp was made on the first Saturday and Sunday that the men were given leave. The conditions can only be hinted at here. In the town of Manati, a red-light district was running wide open. Over 70 prostitutes were known to the police and

48 were registered at the police office. In one of the houses visited a girl not twelve years old was engaged in the traffic. As a result of this visit and the report thereof, the town of Manati was closed to soldiers.

Caguas, the prostitutes' town of the northern part of the island, had several streets of "ladies of light living." Ponce, the largest city on the southern coast, boasted of its "Ball of Canas." In this single-street village about two miles from the main plaza of Ponce, "The Ball" was held each Saturday night beginning at eleven o'clock. Some eighty prostitutes and about twice as many men were present on the night of our visit. An orchestra of four pieces was ready in the front room, while in the rear room a "speak easy" was selling whiskey at "a dollar a throw." The dance was wild. The competition to secure certain marked favorites was keen, and no less than four times in one hour did bedlam break loose. Fighting groups of men struggled over the floor, through the door to the road and there continued fighting, while the neutral men and women spectators left by the windows. During the dance, as man and woman came to terms, they left in little coaches for the city to continue the evening's debauch.

The aid of the Attorney-General of Porto Rico and the Insular Chief of Police was enlisted, and by a concentrated movement of both these officials, prostitutes who had formerly been tolerated, even though known and registered at the police office, were arrested and sentenced to six months or a year in jail. Heretofore, sentences of fifteen days or a fine had been imposed. This action on the part of the civilian officials took place one week after the pass order was issued, so it will be seen that the possibility of infection was immediately reduced. As the police cleaned up town after town, conditions on the island became much better. The uniform was avoided by prostitutes and the facilities for prophylaxis were not in so great demand.

The city of San Juan was most backward in the elimination of this evil, and only after the city had been closed to soldiers, except on official business, did the attitude of the newspapers change from their antagonism to helpfulness. The police brought



before the Federal court women who were arrested within the newly extended ten-mile zone. At length, on September 21, the Chief of the Insular Police considered that the city of San Juan had been policed to the limit of possibility and his recommendation to open the city to soldiers was favorably acted upon.

Preceding and during this campaign, efforts to reach the public through the press were initiated. Many articles were published through the medium of a "Police Women's Reserve Corps" which was formed under the immediate supervision of army officers. The slogan of this early campaign was "Clean up your town" and posters in English and in Spanish were distributed. The W. C. T. U. paid for the printing and mailing of these posters. The local chapters of the American Red Cross, the Council of National Defense, and purely local organizations, like the Ministers' Union, were all invited to help. The Rotary Club of San Juan was awakened to the need of cleaning up, and members helped materially. Public-spirited citizens were not backward and welfare committees were organized at the jail centers of Arecibo and Ponce.

Within the camp, instruction of officers and men was carried on. The Cadets of the Third Training Camp and the officers of the three regiments were addressed with particular reference to personal requirements as officers. The prevalence of venereal disease, the danger of illicit intercourse, the true value of medical prophylaxis, the advisability of continence, and its compatibility with perfect health, were all set forth in a straight-from-the-shoulder talk in language that the non-medical man could understand. Material for talks to the men by the officers was distributed at these meetings also. A Spanish translation of Dr. W. T. Belfield's "Sexual Hygiene for Young Men," Pamphlet 43, published by the American Social Hygiene Association, was given to the men who could read, with instructions to read it aloud to their tent-mates who could not read. The Vigilance Society of San Juan contributed three thousand copies of a letter to soldiers which urged continence and appealed to the Porto Rican soldier

to uphold the high standards maintained by other United States troops in the matter of venereal disease.

Prophylaxis facilities were available at the Venereal Infirmary and an attendant was present on the days and evenings that the men were given passes. The number of prophylactic treatments administered was unusually low, we believe, because of the difficulty of finding prostitutes and the disinclination of these to have any relations with men in uniform.

In the jails where the women were confined, the Venereal Disease Officer of the camp initiated three hospital services for the care of the venereally diseased.

If a *laissez faire* policy had obtained during the six months that this camp has been in existence, as it did in 1898, nearly one quarter of the command would have been rendered ineffective at one time or another by venereal disease. Instead of that, by the repressive and educative measures outlined above, during the six months past in this camp of 12,000 men, only twenty new cases of venereal disease were acquired; and at the end of the period there were at the Base Hospital eighteen venereal cases. Now that the call for demobilization has come, we have at this camp no hangovers in the way of men rendered useless, necessitating extended hospitalization by disease acquired not in line of duty.

The campaign has shown that the venereal rate of a camp or cantonment is determined by the vigilance of the officers concerned; and that the Army's program of attack on the venereal diseases is a practical and not a visionary plan.

*Note.*—This paper is extracted from a much more voluminous and detailed study entitled "It Can Be Done," on file at the office of the Surgeon General, United States Army.—EDITOR.

## THE FAMILY

If our civilization is to extricate itself from its present anarchy, we must have a revaluation of family life. The place of the family in human society, as a natural intermediary between individualism and a wider life of social service, must be evident to all who have reflected upon the matter impartially. Not only does the child receive in the family in the simplest, most direct and most effective way, those traditions regarding industry, government, law, morality, and religion, which are the spiritual possessions of the race, but he also learns in it his first lessons in love, service, and self-sacrifice. . . . The attachments developed in the family make possible and actually strengthen the attachments to larger groups. Hence where family sentiments are strong, there one usually finds strong patriotism and strong social sympathies in general. . . . Because the family is the institution which has cradled the civilization of the past, we must not forget its central place in the civilization of the future. The ideal of a stable, wholesome, and sane family life must be held up before each generation if we are to conserve our most precious social possessions; and the social order must be such as to make possible for each normal individual such a family life. . . . Not only must the ideal of the service of humanity dominate marriage and the family, but society in general must value the service of humanity through marriage and the family. We must conserve the human values in these institutions. We must especially recognize true motherhood and true fatherhood as among the highest forms of social service; and to this end we must educate every normal individual for the duties of marriage and parenthood. Then through the family, as the cradle of individual character, we may rationally hope to regenerate the social life in general.

From "The Social Problem," by C. A. Ellwood.

## THE SOCIAL HYGIENE SERGEANT

WILLIAM ASPENWALL BRADLEY

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A year ago Harley Brooks, budding ornament of the Broadway stage, was playing the juvenile lead in the sparkling musical comedy success, "Polly and Her Pals," at the Gayety Theatre, and fascinating the feminine element in his audience by the jaunty air with which he wore his fashionable flannels in the scene on the bathing-beach at Trouville in the second act. Today, Sergeant 1st Class Brooks, attired in neat olive drab, is wearing out issued shoes at the rate of about a pair a week on the dusty roads of a southern camp, and addressing himself nightly to an audience in which the feminine element is present only by implication. For, by a strange accident of the war, the humming-bird actor has been transformed into that strange new ornithological specimen, a social hygiene sergeant.

"What is a social hygiene sergeant? Any kin to a domestic science corporal?" The ignorance indicated by this question is not without some color of excuse. Owing to the maidenly reticence of our public press, it is still possible for the ordinarily well-informed American citizen, in the second year of the war, to think of it as being waged only in Europe, Asia, Africa, and a few other out-of-the-way places like that, with scarcely a suspicion of the great battle being fought every day right here in our own country. In this battle, whose object is to "keep our fighters fit," and in which age-old ignorance, error, falsehood, have been the enemy's leaders, the social hygiene sergeant, doubly a soldier, has played his part.

There has been much discussion as to the outstanding figure of the war. Some say it is Joffre, some Foch, some Haig, some General Pershing. Personally I am inclined to believe it is none of these, but the social hygiene sergeant. Others have led armies and won bloody victories; but never before now has any soldier conducted a campaign such as he has been conducting during the

past year, and conducting it successfully. Only a little while ago—on the Mexican border with its condoned license and cynical stockades—people would have laughed at the very idea of a man in uniform standing up in a tent, surrounded with grim pictures and explaining venereal disease to a bunch of rookies. Such is the daily job of the social hygiene sergeant.

When Uncle Sam—in this instance less paternalistic than fatherly—conceived the happy idea of giving to each of his boys in the service the knowledge they needed to protect them in their new venture, he called to his aid the social hygiene sergeant. The story of the latter's response will make one of the most interesting and significant pages in the medical, moral, and social history of the war. But more remarkable than the work he has performed, the service he has rendered, is the social hygiene sergeant himself. This is, first of all, the story of the social hygiene sergeant.

Have you ever wondered what a cross-section of our great new civilian army would be like? Well, the social hygiene sergeant is such a cross-section. His variety is infinite. He is not one type, but all types. He represents every calling or profession—but one. He is never a doctor. If he were, he would himself be wearing the caduceus on his collar, instead of on his sleeve, under a chevron, so greatly is Uncle Sam in need of trained medical officers at this juncture. But he is teacher, newspaper man, Y. M. C. A. worker, expert accountant, drug-clerk, farmer. He is, we have seen, an actor. He is also a breeder, an owner of fast horse-flesh, a man of the race-track. There is, apparently, nothing a man can have done in civil life, yet not be in the army a successful social hygiene sergeant.

He comes also from every part of the country, with every variety of background, education and special training. He comes from the cities and colleges of New England, but he comes equally from the farm lands of the South and West, from the little villages of the Southern mountains. He has been a teacher and preacher in the wild hill country of West Virginia. He has won the coveted prize of a Rhodes scholarship which will entitle him, when the war is over, to "carry on" in the cloisters

of Oxford. He has lived in the seclusion of the Ozarks, seeing nothing of the world till he came to Washington and Baltimore for his instruction as a social hygiene sergeant. He has lived in China and learned to speak Chinese more fluently than most well-educated Americans speak French. Yet in all these guises he is one and the same, a patriotic American, a man among men, a doughboy among doughboys, a red-blooded soldier among soldiers.

There is not the slightest hint in the social hygiene sergeant of the uplifter, or the reformer, the saint or the "pussyfooter." If he attacks venereal disease and sexual promiscuity, it is because he has learned the truth about both and is eager to spread it. He has learned that gonorrhea is a thousand times worse than a bad cold, in spite of what many who ought to have known better have carelessly told him. He has learned that syphilis, if not treated in time, causes both paresis and locomotor ataxia, and that that leading citizen at home, whose softening of the brain, or heart failure, was supposed to have been brought on by overwork, poor fellow, in reality died as the result of something quite different. He knows what the temptations of a soldier's life are, how easy it is to "fall for" them. He has been put on his guard. He wants to put others on their guard. That is his own personal conception of his duty as a soldier.

The social hygiene sergeant is alert, resourceful, quick to bring into play any special talent he may possess to arrest the attention of the men, to win and hold their confidence. If he can box he arranges matches with the best boxers in camp to prove that he is neither "softy" nor "mollicoddle." If he can write, he prepares an article every week or so on some aspect of his work for the camp paper. Once, when he was dubbed "parson," "reformer," by those in authority, he said nothing but, when the chance came, he went to a neighboring town to play the pipe organ at a patriotic meeting for one of his tormentors, and called upon his years of experience on the stage and with the Vernon Castles, to put on a play for another.

Above all, the social hygiene sergeant has ingenuity and stubborn determination. He is seldom at a loss to put across his

program. Arriving at one camp with his stereopticon, but without his screen, he went right ahead and presented his exhibit to eight thousand men.

"They came in groups of from two to three companies in mess hall where I had already set up the screen—my bedsheet, if you please."

Again, he had trouble in keeping his placard exhibit up in a Y. M. C. A. building. The secretary suggested the placards being arranged so that they might be taken down at any time. Result, they were found to be down most of the time. At his next camp he wrote:

"I have put those placards up for keeps, and if the secretary sees fit to take my exhibit down he will be minus the side of his building."

In the sergeant's next expense account appeared the item: "Spikes."

But he also has tact and patience. If a "wise guy" in his audience tries to display his superior knowledge, openly questioning every statement, the sergeant does not repress him or attempt to argue. Instead, he yields him the floor, then puts a few questions of his own which generally lead to the disturber's confusion and evoke roars of appreciative laughter from the others.

For the social hygiene sergeant is a popular man in his camp. He has made good. Others may smile at his proselyting zeal and ardor. Not so the soldiers. They understand what he is getting at, all right. Others may surmise. They *know*. Those who have had the most experience and fared worst, respect him most and give him the greatest help. They crowd around him to add their testimony, tell their stories. Tragic, terrible stories, some of them.

"Those pictures of babies made me want to cry, sergeant. I'm in love with a girl but I can't marry her. I don't dare to. Perhaps I've got a chance yet, though. I never quite understood about it all before, like you explained it tonight. I'm much obliged to you, sergeant. I'm leaving camp tomorrow, but I want to keep in touch with you."

**THE WORK OF THE SOCIAL HYGIENE SERGEANT**



A SOCIAL HYGIENE LECTURE AT CAMP LEE, VIRGINIA. AUGUST, 1918.

Thus the social hygiene sergeant has won prestige for himself, respect for his calling. It would have been easy enough to fail. A single misstep would have brought discredit upon the work, utterly compromising it. But he has seldom taken this misstep. On the contrary, he has won out all along the line, and has succeeded in giving new dignity and importance to the subject with which he is dealing.

It has had its effect upon him, too, this job which is unlike any other job in the army—which gives him greater freedom and accordingly calls for a far higher degree of self-reliance and initiative. The modest shy youth who, it seemed, was scarcely capable of going into a big camp as a N. C. O., and impressing his personality upon men and officers—who was chosen, perhaps, only because a sergeant was needed in that particular camp, and because sergeants were scarce—has surprised every one by the aggressiveness and executive ability he has developed. The dry lawyer, whose reports at first read like briefs, has come gradually under the spell of his human material, and begun to write of his experiences like a novelist. The business man has discovered that there is something in life besides business, the farmer besides crops, the druggist besides pills and prescriptions. It has been a wonderful school of experience for one and all, and when the war is over, the world, or this corner of the world which we call America, will be the richer for the social hygiene sergeant.

The function of the social hygiene sergeant, as the reader will have divined, is to run a social hygiene exhibit in camp. The idea of such an exhibit was not entirely original with Uncle Sam, who rather adopted than conceived it. Shortly after the war broke out, and recruits began to pour in, the Missouri State Social Hygiene Society installed one in Jefferson Barracks. It was, however, a purely civilian affair, and was attended by a civilian, a young medical student of St. Louis. The real novelty consisted in the taking over of the exhibit by the War Department, and in the replacing of the civilian attendant by a soldier—the social hygiene sergeant.

The first sergeant, specially trained for the work, was sent out in January, 1918. The story of his adventures, and of the

two who followed him, as they went from camp to camp, breaking ground and developing a technique of attack, would make an Odyssey well worth writing—and reading. It was not all simple sailing at first. They met here and there with obstacles and rebuffs that might have discouraged others less able, resourceful, and determined. They succeeded, and when the general success of the undertaking seemed assured, six more sergeants were assigned to their stations.

Each sergeant was supplied with a stereomotorgraph, five or six sets of slides, some placards, and quantities of literature. It was his business to install this material where it could be most advantageously displayed; to be in regular attendance upon it at those hours when the soldiers were most likely to congregate; to explain it and answer questions. He was not to lecture, because to lecture on venereal disease is the proper function of the medical officer. He was merely to talk, to interpret. But in so doing he was laying the cornerstone for the whole structure of social hygiene instruction in the army.

This structure is very complete. A staff of official lecturers has been built up to cover the camps. Moving-picture plays have been produced. Various types of literature and placards have been devised and distributed. But of all these features the social hygiene sergeant has been by far the most effective. There are only thirty-five prints of the film "Fit to Fight" at present in circulation. The lecture service is likewise limited by the number of qualified lecturers available and by the physical impossibility for one lecturer to be in two or more camps at the same time. The social hygiene sergeant, however, is always on hand in the camp to which he is assigned, and keeps up continuously the instruction which could otherwise be only occasional and intermittent.

Today it is not too much to say that the social hygiene sergeant has become an institution. At first he was accepted with certain misgivings and reservations by more than one camp commander. It was hard to get him into some camps at all. The idea would obviously not appeal to those officers who believed that "nature must take her course, or that educational measures, generally,

were inadequate to their purpose." Now the chief difficulty is to supply the demand. "Send us a sergeant at once—the best you've got," is the constant appeal of the camp surgeon, and some of the larger camps are even asking for two or three, so as to cover the ground thoroughly.

There are now about fifty social hygiene sergeants in the field. It has not been easy to get them—of just the right sort. It requires a picked man for such a job—hand-picked. Not that any particular knowledge or previous experience is necessary. Often the man who knows nothing at all about venereal disease, at the beginning, is much better than one who has picked up considerable knowledge concerning it in a drug-store, a G. U. infirmary, or a venereal ward. Point of view is the important thing. And naturally, the social hygiene sergeant must be a man of personal integrity—one who is ready to practice what he preaches.

To get such men, a lookout is kept in all the camps; but the chief source of supply has been the great army medical center, Camp Greenleaf, Fort Oglethorpe, Georgia. There is a service company there, the largest in the army, numbering more than two thousand men. It is a reservoir for special details sent out to all parts of the country, and is replete with material for social hygiene sergeants. One was found there recently who had served for four years as a special sanitary inspector in the health department of an eastern city. Yet he was cooking for officers' mess when his deliverance was effected! Such misfits are "nuts" for the Social Hygiene Division.

Once the sergeant candidate has been caught, his transfer is secured, and he is brought to the "sergeants' school"—in Old McCoy Hall, Baltimore. There, for two or three weeks, he is carefully coached in the various aspects of his subject, as well as in the best ways of utilizing his material. No attempt is made, however, to lay down hard and fast rules for carrying on the work under conditions that vary widely from one camp to another.

It is the same when he gets his first orders, and goes out into the field, a fullfledged sergeant. Through a little mimeographed bulletin issued weekly from Washington, "The Round Table,"

and through direct personal correspondence, he gets advice and suggestions, and the results of his work are carefully checked up by traveling inspectors. But for the most part he is left to work out his own problems for himself as they arise, and from the start it is impressed upon him that the three prime requisites for success are: initiative, adaptability, resourcefulness.

On reaching camp the sergeant's first duty is to report to the camp surgeon, under whom he is to work, and who assigns him to some organization for mess and quarters. He will not actually belong to that organization, however. He will not have to stand retreat or reveille, and more, perhaps, than any man in camp, he will be a free lance, his own master.

He will have an excellent chance to "soldier" if he wishes to. For he is often under little direct observation and it is not impossible to "camouflage" one's reports. That he almost never takes advantage of this opportunity, that he keeps steadily at work, finding new corners of the camp to cover, new ways to interest the men already covered, speaks well for the morale of the corps, its seriousness and devotion.

Sometimes the sergeant makes use of the Y. M. C. A. or K. of C. buildings for his work. Sometimes he invades mess halls and post exchanges for the same purpose. But where it is possible—where a sympathetic camp surgeon or a cordial quartermaster beams upon him, his favorite procedure is to procure a large hospital tent and set up housekeeping on his own account.

The tent may be set up in some central area of the camp, or the terminus of the city car-line. Or it may be moved about from one regimental area to another. In either case it quickly becomes a center of soldier life. There is never any trouble about getting attendance, even without orders. In one camp from two to five hundred men come to the exhibit every night. To accommodate them the sergeant has been obliged to add a second tent, putting this end to end, and thus doubling his floor-space. Also, being an enterprising youth—he is a successful young lawyer in civil life—he commandeered another organization's stereomotorgraph, which had been kicking about camp, and started it off on a course of its own among the Y buildings.

Much as he may love his tent, this is only the point of departure for the really active sergeant. From it he radiates to every part of the camp. He carries his leaflets about and distributes them at moving-picture plays and boxing-matches, even popping them into the soldiers' hands on pay-day! He looks up medical officers and chaplains, to interest them in his work. He gets acquainted with athletic directors and "Y" secretaries. He makes lists of books on social hygiene in the well-stocked camp library, types them, and has them ready for distribution when called for. He may frequent inspections and visit prophylactic stations, to see how he may use them, too, for his educational propaganda.

Then there are always special problems—groups of men who cannot be reached by the usual methods. There are the illiterates, colored or white. Since they cannot read the little book, "Keeping Fit to Fight," of which more than two millions have now been distributed to soldiers, he must read and explain this to them—also the text on the placards and reading slides of the stereomotorgraphs. And there are the various foreign language groups to be worked with in the same way, with the aid of interpreters.

To make a real success of his job the social hygiene sergeant must work long hours, shifting his material by day, with the help of a quartermaster's truck, and showing it mostly at night, when the men are free from military duties. Follow him as he trudges through the dusty camp, for transportation is scarce, and it is a lucky sergeant who picks up a "flivver with chauffeur attachment," or even a side-car. He carries a hammer and nails in one hand, a big bundle of placards under the other arm. Reaching his destination, which may be the detention camp, the development battalion, the mustering office, a regimental infirmary, or the depot brigade, he picks out a strategic point and proceeds to post the placards with the ardor and determination of a young Luther nailing his cartel to the door of the church.

Stand and watch him a while. You will not be alone long. A crowd is pretty certain to gather and question him curiously. It is a good chance for a little impromptu program on the side,

and he will "hand out" some of the "dope" he has always on tap. His language will, perhaps, offend your polite ears. For the social hygiene sergeant is no highbrow reformer. He is, for the time being, at any rate, merely a doughboy among doughboys, and he relies plentifully upon the inherent interest of his subject to fix the attention. It is this ready adaptability to his present environment, whatever his social or educational status at home, that makes him so successful a campaigner.

But to get the social hygiene sergeant at his best—in his own lair, or on his native heath,—drop in on him some night at tent, mess-hall, post exchange, or Y building,—whatever the place may be where he has installed his "stereo." This singular looking instrument, of which he is excessively proud, and which, standing firmly braced on its four legs, looks fixedly out at you through its square hood, furnishes the heavy artillery for the sergeant's attack. Or rather, it is a sort of monster machine gun, shooting a series of fifty-two slides at you every seventeen minutes.

The crowd, shy at first, and inclined to stand off, gradually comes closer to read the edifying texts and to study the pictures. Not pretty pictures, most of them: blind babies, syphilitic sores, unsteady victims of paresis and locomotor ataxia, making you remember painfully a chance visit, once upon a time, to a wax museum on the Bowery, and Scudder Middleton's bitter meditation upon the spectacle there of

"Man's shining Body bleeding, wrecked, forlorn,  
Its sacred temples trampled down and torn,  
And all the magic and the marvel gone."

But what would you? It is not a pretty subject. Still it is a very vital subject for these boys, some of whom have known too little about it—others too much. Besides, the text slides attempt to raise the whole matter out of the realm of the purely physical, and to make an appeal to something higher than mere craven fear—to a sense of honor, of duty, of decency, of obligation to innocent women and to children yet unborn.

After the showing, while the rest scatter with phrases like: "Well, good *night!*" and "Never again for me!" a few linger

to ask questions, to impart further information, to tell stories. They are pathetically eager to air their knowledge, the "wise guys," to win sympathy, those who have been "burnt." This is your chance to learn something of the perplexed soul of youth, its hidden depths, now hidden no longer. At last these boys have found someone they can talk with intimately, yet not obscenely—someone quite manifestly on their own level, but with so different an approach to the Tree of Knowledge, which is the Tree of Life.

One has had a disease, he had thought himself cured, but now has his doubts. The sergeant learns the details and sends him to the regimental surgeon.

Another has been thinking of getting married, but what he has heard makes him wonder whether it would not be wise to be examined. The sergeant agrees, points out the danger to the woman, and advises the mysterious blood-test.

A third has a bad habit, he has tried in vain to break himself of. The sergeant here is able to suggest new methods of control, new conceptions of manhood.

A fourth has worried himself nearly insane over a phenomenon which has enriched so many quacks and driven so many unhappy boys to the verge of suicide. A single word of explanation and reassurance is all that is necessary in this instance, and a brooding thought, at the bottom, perhaps, of many soldierly shortcomings, is forever banished.

And so on. No wonder that the social hygiene sergeant has come to occupy a unique place in the camp economy—something between that of physician and father confessor, and that even the officers sometimes come to him for advice and enlightenment!

"There is a sergeant in our camp," writes one with a literary turn, who has whimsically tried to see himself as others see him—"there is a sergeant in our camp, who is a cross between surgeon, chaplain, and just plain soldier. He is the best-liked man in camp, chiefly because he seems to like everybody else. I have never known where in camp he lives. Once he told me he lived in the Sanitary Train. Again it was the Detention



Camp. Then he told me he lived with the Sanitary Detachment of the 79th F. A. And in June he said he was quartered in the Camp Library. Either he is an imaginative chap or he has a roving disposition.

"He has a queer job, too. He belongs in Washington, in the Surgeon General's Office. The S. G. O. sent him here on detailed service. . . .

"He told me a couple of months back that there was a sergeant like himself in almost every cantonment in the country.

"What kind of lads are they?" I asked him. "Do they live at Camp Libraries or Post Offices?"

"He answered my last question first.

"They hang their hats wherever there's work to be done. They're a good bunch. But mixed. Everything from poets to peddlers. That is, before they held up their right hand. They're all the same now."

"Which?" I asked. "Poets?"

"Peddlers."

"And what do they peddle?" I inquired smilingly.

"Health," he answered with perfect gravity."

Peddlers of health—health and happiness. That is what these social hygiene sergeants really are. Soldiers themselves, they are, in the modern phrase, so fresh today, so quaint and old-fashioned tomorrow, "selling" social hygiene to soldiers. No finer work can be conceived than this, to which they give themselves night and day, clearing up the mists of ignorance, draining the stagnant marshes of moral malaria, and helping to win the world to a higher, cleaner, fairer standard of conduct.

## EXPERIENCES OF A LECTURER

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When the United States entered the great world war we already knew from the experience of other warring nations that venereal disease and prostitution were a great menace to the armies and navies. It was stated on good authority that many hundred thousand soldiers were incapacitated for service as the result of these diseases. We also knew from our own experience on the Mexican border how drunkenness and prostitution threatened the health and morale of our soldiers. We knew that all the warring nations were facing these facts with great concern and were more willing than ever before to discuss openly the methods of prevention. From the very beginning of the war, medical men urged early diagnosis and thorough prophylactic treatment. Great efforts had been put forth in this direction all over Europe, but conditions were still grave.

Those of us who had been studying and working in the social hygiene movement in America for many years knew that something more fundamental than diagnosis and treatment would have to be supplied if we were to keep our boys fit. A program at once idealistic and practical was presented by leaders in this movement and approved by the War Department. One of the most fundamental features of this program was the declaration that continence is consistent with health and is the best preventive of venereal disease. This challenged the oldest, strongest and most common reason heretofore given for promiscuous indulgence.

When the appeal came from the federal government to the civilian population to do its part to help clean up vice in cantonment cities, furnish proper recreation for soldiers and sailors, and help uphold the high standard of morals set by the govern-

ment, many men and women, myself among others, felt the time had come to make an intensive social hygiene campaign under the most favorable conditions—with the wonderful and effective backing of a strong government program.

I enjoyed the privilege of being among the first to whom the opportunity was given to do such intensive work under the auspices of the National War Work Council of the Y. W. C. A., the War Board of Louisville, Kentucky, and the Illinois State Council of Defense.

The size and type of the groups reached varied widely. Some groups were small and exclusive; most groups comprised between one hundred and three hundred; the largest was sixteen hundred. Most of the groups were made up of girls or young women, more or less of the same age and station, trade or occupation, and to them I gave a series of three talks, lasting from twenty to forty minutes each. The last talk was followed by questions or personal conference. Approximately thirty thousand people were reached through this campaign which extended from Chicago through the Central and Southern States.

The wonderful response from all these groups to the idealistic, patriotic and practical appeal was so impressive that I feel justified in recording my experience and briefly outlining some of the talks to various groups.

The important conclusion which this experience has driven home to me, one which became more and more irresistible as I went from city to city, is this: In introducing the subject of social hygiene, the initial appeal of the speaker should be through the idealistic to the better, finer sentiments and emotions in human nature, irrespective of age, race, class or education. With such preparation, creating a high-minded, receptive atmosphere, one need not hesitate to give scientific facts about diseases and their dangers. While a recital of these facts alone would not insure right conduct or even ardent interest in the problems of conduct, yet knowledge combined with a sincere appeal to the idealism of the American nature, to the highest loyalty and patriotism and the ideals of democracy never failed to create the right atmosphere and interest in what is considered

proper conduct. No audience, I repeat, failed to respond almost instantaneously to such an appeal. It communicates its thrill, its enthusiasm for righteousness and unselfish service, to the speaker, and the best possible mood is thus created for the sympathetic reception of facts and suggestions that might otherwise seem repellent or technical and uninteresting.

This experience has helped to convince me that the question as to what should be taught to different groups, which has been so much discussed, is in reality a simple one. As I went from group to group, with but a short interval between, I found myself relating practically the same facts, merely emphasizing different aspects of the questions according to the type of audience. The following is a résumé of talks to some of the groups.

#### TALKS TO CLUB WOMEN AND OTHER ORGANIZATIONS OF WOMEN

Most of these groups I found had scarcely heard of the social hygiene movement. Especially was this true in the south; and none had heard about the government social hygiene program for the Army and Navy. As a rule, I found them exceedingly responsive and very earnest in trying to learn what they could do. Beginning with the general introduction, covering the important reasons why we entered this great war, reminding them of the statement of our President that we are fighting to help make the world safe for democracy (the most idealistic reason ever given in the history of the world), and pointing out that if we are to lead the world, we must ourselves rise to the very highest idealism, I proceeded to outline as an illustration of idealism and good practical sense the government social hygiene program, so different from anything which the other warring nations had attempted. I then called their attention to the high prevalence of venereal disease, especially in war time, illustrating this with statistics from the warring nations; telling them that in our own country, at the Mexican Border, prostitution and immorality had been rampant and that prophylactic treatment was supposed to have saved us from a higher rate of venereal disease. I emphasized the fact that in this new government program, we have the strongest

backing for a single standard of morals and the possibility of a definite change in the attitude of man toward the problem of promiscuous sex indulgence; and that this was the time women must learn the scientific facts about venereal diseases and face the situation frankly. Then I gave them the facts about venereal diseases, especially gonorrhea, the effects on the man and particularly, in detail, on the woman, and the danger of ophthalmia neonatorum to the new born child. Then I spoke of syphilis, its dangers to the individual, community and race. I discussed prostitution as the chief distributor of venereal disease and told them what they must do: namely, first, spread education as to the dangers of venereal disease among civilians; second, help to establish dispensaries and improve hospital facilities for the early diagnosis and treatment of these diseases; third, study their own local conditions and help to solve the problems of commercial and clandestine prostitution, which I explained to them in considerable detail, and fourth, provide proper recreation for their young people. One of the most important things that mothers must learn, I pointed out, was properly to instruct their children early in facts of life and later in matters of sex, since by doing this they would not only help to carry on the government program but make a permanent contribution toward the solution of intricate social hygiene problems, thus insuring greater happiness and making it possible to look forward to a better race.

The second talk to mothers was intended to show how best to tell children the story of life. I proceeded somewhat as follows: "Children must be taught very early to know that continued life of any living thing is impossible unless there is a way to reproduce it, and that reproduction is one of the great wonders of nature. Every mother, therefore, should learn how to tell simple stories of the various forms of reproduction. For example, the story of the flower; how wonderful it is to watch the butterfly and the bee attracted by the aroma and color of the flower, flitting from one to another, and carrying with them the pollen, which is the father element of the flower, to the seed, which is the mother element of the flower, thereby min-

gling the two elements and preparing the seed, which only then can grow into a new, beautiful flower. Or the story of the father and the mother fish, traveling together for miles to reach the quiet waters, where it is safer for the mother to deposit her thousands of little eggs, while the father pours over them the vital fluid, which fertilizes the eggs and without which there could be no new fish. Then our dear friends, the birds. They are stirred by a feeling which we call love at the mating season. You have watched them and observed how hard they work to build their nest, preparing for their offspring. The mother bird has fewer eggs to give than the lower forms of life, such as fish, and her eggs must therefore be fertilized before they are laid. The higher the living being is, the more time it requires on the part of the mother, either inside or outside of the body, to nourish and protect the offspring, and so the mother bird sits for days, in spite of her love for freedom, furnishing the eggs with the warmth they need for their development. She makes this great sacrifice, even risking starvation, and sits waiting for the time when the little birds will come out of their shells and see the light. The father bird will be seen somewhere near, anxiously watching over his little family, singing to cheer his mate and distracting attention of the enemy from the sacred little nest."

The story of reproduction in the human being can be told in a simple way and before sex feeling has awakened, because the child then takes it in an impersonal way. I explain to the mothers that I speak from experience, having told the story to many children, either on the occasion when another baby was to come into the same family, or directly asking them if they would not like to know how they came into the world. It takes a long time for children to formulate questions, and it is better to tell them too early rather than too late, as some one may tell them the story in the wrong way. I tell them as simply as possible about the organs; that low down in the abdomen, surrounded by the pelvic bones, is located a small, pear-shaped, hollow organ called the "womb" or "uterus;" that on either side of it there are little tubes running down, below

which there are almond-shaped bodies, the size of a lima bean, called the ovaries, which contain the human eggs. The eggs, I explain, are so small they cannot be seen by the naked eye, and there is a canal leading from the "womb" to the outside. In the human being it is necessary that there be a father and mother who love each other like the father and mother bird, and who also prepare a comfortable little nest, or home, and then plan for their baby. The mother egg becomes fertilized by the father element of life through the canal. Then that little particle of life—the fertilized egg—attaches itself to the inside of the womb where it slowly grows and develops, taking its nourishment from the mother's blood. As it grows, the womb stretches, and finally, at the end of nine months, when the baby is fully developed and the womb is stretched to the utmost, it slowly begins to draw together, causing a great deal of pain to the mother, but slowly the womb opens at its lower end and gradually the baby is pushed out from the womb into the canal and from the canal it comes out into the world. The mother soon forgets her pain and both father and mother are overjoyed to see that wonderful little being,—the little baby, which is made of their own flesh and blood. All this can be explained very simply to a child.

Briefly I sketch for the mothers the period of childhood, showing how mothers can gradually tell their children more and more about their bodies, minds and feelings, and how they can instruct children in matters of sex before the sex feelings awaken. Finally, I speak of the period of adolescence in boys and girls, and point out how important it is for parents to understand this period and what they must do to keep in close touch constantly with their children, informing them as to the reasons why certain things can or cannot be done, appealing to their love and intelligence to coöperate for the sake of better physical, mental and moral development.

#### TALK TO GROUPS OF YOUNG WOMEN AND GIRLS

Usually I give three talks, lasting from twenty to forty minutes each. After a general patriotic appeal, I dwell on the value

of democratic ideals, pointing out that democracy means freedom of thought and speech, greater equality of opportunity to every individual to develop the best in him, the absence of class distinction; that democracy is what we make it and consequently the opportunities for improvement lie within our power; that the forefathers of this country fought and died for these ideals. "The younger generations," I continue, "having lived always under this form of government have apparently ceased to realize consciously its great blessings and possibilities. Now the call has come to them. They must rally, not only to protect their own democracy, but to help make the rest of the world safe for democracy; they must put their whole being into this struggle. Our boys are already showing how keen and willing they are to make sacrifices for this cause, and the women of this country must not fall behind. They, too, must be ready to make sacrifices; they must form a strong second line of defense. The whole world expects, and has a right to expect, a great deal from the American women and girls because of the greater freedom and equality they have enjoyed, and we must live up to these expectations. In addition to the material sacrifices which are expected from us, and which we, no doubt, are ready to make, we must learn to meet frankly and openly certain problems that are put before us more vividly because of war conditions, and help to solve them."

I then sketched the government program for the soldiers and sailors, emphasizing each point according to the amount of time, and calling their attention particularly to the fact that if the boys are to live up to the high standard of morals prescribed for them, the girls must learn to understand thoroughly what is expected of them.

In the second talk, I gave the essential facts regarding the prevalence and dangers of venereal diseases and prostitution, illustrating some of the facts by cases from my own experience. To illustrate the dangers of gonorrhea, I relate the case of a young couple of splendid families and high education, in love with each other since early high-school days, each dreaming



and preparing for the great future when they would marry and be everything to each other. The story of the woman on admission to the hospital was as follows: "I have always been well and strong; never a pain nor ache of any kind. I could row, climb and walk almost as well as my husband (who was, by the way, a great athlete when at college). I have only been married four months. After the first menstrual period, I began to have some difficulty in urination, and a little later, pains low down in the pelvis. I got steadily worse, and here I am now, an invalid, in pain most of the time, unable to walk even an ordinary distance." Upon examination I found a large tubal mass on either side of the uterus. She was operated on and both tubes removed; they contained a great deal of pus. Four days later the young woman died of obstruction of the bowels. The poor husband, who I am sure loved her more than he did his own life, suffered tortures. In fact, he had a complete breakdown, and recovered only after many months. It was then that I made him tell me how he contracted gonorrhea. It was when he first went to college at the age of eighteen, only with the vaguest notions as to his sex feelings, without any instruction on the part of his parents, who had taken great pains to instruct him in everything else that pertained to his body and conduct. It was the night of the fraternity banquet, when they had all taken a little more drink than most were accustomed to. He, in company with many others, in a state of drunkenness, was taken to a house of prostitution in the vicinity of the college. It was then that he contracted the disease. In a few days, when a discharge appeared, his feeling of remorse and dread had almost unbalanced him. He then went to the family physician for advice. The old-fashioned doctor smiled, patted him on the back, and told him "not to be a goose," that the danger was very slight, and that it was an experience that happened to many. He gave him some wash and told him to come back in a few days. The attack was apparently very slight and he was "discharged cured." "This," he said, "happened many years ago, and I never dreamt of any danger."

I relate other cases in a similar way to illustrate the danger

of abortions, miscarriages, locomotor ataxia, sterility, ophthalmia neonatorum, etc.

In the third talk of the series, I proceed as follows: "You now know facts that you have not known before, and some of them are very disagreeable and almost shocking for young people to face. We bring them to you because we feel that the time has come for a change, and we see clearly what can be done to eliminate these diseases. The most important reason why there has been such dread in the minds of people to approach openly the question of venereal disease was because of its intimate connection with the most sacred relationship of man and woman. But now we know that ignorance and secrecy about sex matters have led to disaster to the individual, home, community and nation, and it is in you young people, who have all the future before you, that we must center our hopes. It is not only a question of treatment of disease. The bigger problem confronting us is how we should educate our young people in matters of sex so as to bring about a higher relationship of man and woman and eliminate the problem of disease altogether. Our mothers thought that by keeping us ignorant as to sex feelings, they were curbing them. But, as a matter of fact, that sex instinct, which begins to manifest itself early in life, is so strong that it cannot be eliminated or ignored, and should therefore be understood, regulated and directed. In other words, this instinct should be treated as that other strong instinct of life,—hunger. A mother who knows her business realizes from the very beginning that hunger must be regulated, guided and controlled. She begins, therefore, to feed the child at certain times, giving it a certain amount and kind of food. If it cries, she lets it cry, regardless of her own feelings, hoping that it will soon learn the lesson of self-control and submit. The child learns that it cannot have all the food on the table, that it cannot wear all the clothes of the family, that it must share its things with the family, then with its school fellows and next with its fellow citizens. In other words, we learn to live and let others live. In fact we learn self-denial; we learn to give away things we love to keep; we learn to do things we do not want to do; we learn

to abstain from having material things we desire and see before us, because we know it is best that we should. Loving life and clinging to it, as we all naturally do, we even learn to sacrifice life itself for ideals. That is indeed a triumph in the life of some individuals, beginning as they do as little savages and ending up in a short lifetime with such control. It is useless to deny that the struggle with self goes on constantly inside of us, and it is not always easy to control it. Indeed some people do not conquer it as fully as others, because they have not had the training, and have not been taught to see clearly just what life is for and what we should aim at. One of the striking illustrations of extreme self-denial, which is really another word for self-control, with which we are all familiar and proud of now, is afforded by what has happened in our own country in the life of our young people this last year. Think of those young soldiers and sailors, full of life, desiring and longing to live and to get the most out of life, yet ready to sacrifice life itself for the sake of a great ideal!

"The instinct of sex begins to manifest itself in a normal boy or girl at the age of eleven or twelve. At this time the boy begins to change slowly into a man, and the girl into a woman. Great changes take place in the period between twelve and eighteen or twenty. This we call the adolescent or up-building period. This is the period of highest growth, physically, mentally and morally, when we either build into a strong human being who can weather many physical dangers and moral temptations, or turn into a flabby piece of humanity that succumbs to every little change of weather and fails at the first real test of life. It is at the beginning of this period that definite changes take place in the reproductive organs. In the girl the ovaries begin to function, maturing a follicle every month, which breaks and discharges the human egg. The ovaries also produce a secretion which is absorbed by the body and supposed to be responsible for many of the changes in body, mind and feelings. The womb or uterus becomes congested once a month; some of the small blood vessels break as a result of over-filling—hence menstruation.

"In the boy the testicles, which correspond to the ovaries in the girl, also begin to function, producing a secretion most of which is absorbed by the body and vitalizes it, while some of the fluid is discharged through the tubes once or twice a month. This is the time when both boy and girl begin to be conscious of self. The girl notices her physical changes; the desire to attract attention of the opposite sex comes to her; consciously she begins to adorn herself, and from that time she goes on paying a great deal of attention to her personal appearance, sometimes improving it, but mostly only following whims and fashions which actually detract from her personal appearance, and make her conspicuous. Then comes the distinct desire to attract the attention of a particular boy; then again she adorns herself to please him. She longs for his love, which means to her admiration, courtship and tenderness. She likes to be near him, perhaps even to fondle him and allow herself to be fondled, but that is practically all. She goes home after spending hours with him, goes to sleep and sleeps the sleep of the just, perhaps even dreaming of her love. As to the boy, nature has made him different; he is more conscious from the earliest development of his sex organs. His sex urge is more direct and manifests itself in a distinctly conscious feeling in his genital organs. He is much more sensitive, much more susceptible to every stimulus of sex feeling. To him, too, first comes the general desire to attract attention of the opposite sex, but he accomplishes this not through adornment, but by pretending scorn and indifference to them and through many acts of assumed manliness. And when the attraction to a particular girl comes into his life, although he, too, likes to be admired and fondled, the real sex urge makes him long to go further and further. It is hard for him after many hours of courtship to dismiss the whole thing from his mind. He usually tosses backward and forward and longs definitely for the sex act, and consequently may seek a way for this gratification.

"It is extremely important for boys and girls not only to must all learn that during the period of adolescence or up-understand themselves, but to understand each other. They

building, every bit of energy must be used for that purpose, and that sex indulgence during this time is a waste of this much-needed energy. The girl must learn that nature has made her somewhat different; that sex temptation is not so great in her, and besides, she instinctively feels where she must stop. What she has not known and what she must learn is fully to realize that she cannot play with love; that indecent manner of dress, dancing and behavior, flirting, coquetting and leading on, while not directly injurious to herself, and as a matter of fact giving her a good deal of the kind of satisfaction for which she longs, are distinctly unfair, because the boy is overstimulated by such manifestations. Not having the knowledge as to the dangers of early sex indulgence or promiscuous indulgence, and not possessing the control which would come from public disapproval, he may seek satisfaction of his desire, which he can only secure through prostitution. In many instances he contracts disease, and if not properly treated, brings it into the family after marriage to the one woman whom he loves more than anybody else in the world, for whom he is willing to work and slave from morning until night, and to the children of his own flesh and blood. Girls and boys in their relations with each other must therefore aim at real friendship and comradeship. They will find a great deal more fun and joy in such relationships. The big aim in life must be conscious building of body, mind and character, so when fully mature, we can take our place in life and make some impression on the affairs of the world.

“When real love comes to us, we are fully thrilled with its joys and its possibilities and are ready to enter the relationship of marriage. Unfortunately this relationship is often entered into far too lightly, resulting in much unhappiness and many divorces. Many girls marry because they are weary of work, and look upon it as a relief from all burdens; others marry merely because they want a home of their own. Most young people do not realize that although love is of the highest importance, other essential elements, such as fitness, respect, admiration, must be considered if marriage is to turn out truly

happy. Marriage is not a question of how much you can get out of it but how much you are willing to put into it. In addition, one aim of marriage is progeny and we must never forget that children are what their parents and ancestors were, plus environment; that man differs from the sub-human in that he is in part the maker of his own destiny, and that of his children. It is therefore exceedingly important, if we are to have a better race of men, that man and woman before marrying ask themselves this question: 'Am I physically, morally and mentally fit and worthy?' The girl who flirts and leads a man on, thinking that in this way she will marry earlier and thereby be relieved of work and responsibility, is making a great mistake. First of all, the girl who does this wastes a great many of the precious manifestations of real love, and consequently, when finally the great event comes into her life, when she decides to marry the man whom she really thinks she loves, the thrills of courtship bring her very little satisfaction, and she feels she is cheated of something,—she knows not what. Then men do not always marry girls who are easy and forward. Frequently, under stress and excitement, they promise marriage, hoping to secure gratification, and then they pull out. Fear comes to them that such a woman will not make a safe wife and mother, and the girl is left disappointed, heartbroken, to pay the penalty for it all. Girls must realize, as they never have before, that marriage is a wonderful relationship, but also a tremendous responsibility, and for which one must be thoroughly prepared—that it is a partnership and not a relief from work, and unless the woman does her share, she pays for it either in unhappiness or complete loss of her own individuality."

In the case of the high-school girls, I usually devoted much of the first talk to the ideals of democracy for which so many of our boys are willing to give their lives, and tell them that girls, too, are ready to do everything in their power to serve if they are only told definitely what is expected of them. "It is a great mistake to think that we do not need any definite ideals when we are young; as a matter of fact we need them in early life probably more than we do later on, when through our own

experiences we learn that we must do right. Definite ideals during youth are like a guiding star, constantly pointing the way and helping us to move upward. You young people are really privileged individuals. Not all children of the world have the opportunities to attend high school, or even grammar school; there are thousands of children just as bright as you are who do not have the opportunity to go to school because they are compelled to drop out early and go to work to help support the family. Many of your parents made great sacrifices to give you these privileges; you must learn that with every privilege goes a duty; that the aim of education is to fit people to perform better their functions in this world as citizens, fathers and mothers, and to help build a greater future; and in order to live up to the highest, we must have a better understanding of our own make-up—our body, our mind, our instincts, and our soul."

In the second talk I speak of heredity, giving the reasons why every child has the right to be well born, by which we mean that father and mother must be physically, mentally and morally sound.

In the third lecture I present the facts of the physical development of girls, giving special attention to puberty or adolescence. The ground is covered in somewhat the following order: description of organs of reproduction, maturing follicles, menstruation, awakening of sex as manifested in boys and girls, the sex urge in the male, the attitude of girls toward boys, right companionship, right habits of study, reading and thought. Into this talk I press all the idealism that I can command, telling my hearers that boys and girls should build consciously for the great future, and that love and friendship are not toys, but the most wonderful gifts of life.

In one place I had the unique opportunity to talk to a group of prostitutes. They had just been interned, and some of them were infected with venereal disease. It was a most pathetic group, made up of girls and women from 14 to 40,—all types and classes,—Mexicans, colored and white, most of them shabby and highly painted and powdered, rebellious and coarse in their manner of addressing the burly policeman who was trying to

keep them in order. We had a hard time persuading the police that I could not talk to these women in their presence when the girls were either flirting with them or cursing them, and the police did not believe we could keep order unless they were there. Finally we compromised. The police left and only the physician, who himself seemed to be a man of rather uncouth manners, somewhat brusque and familiar with the girls, remained to help in case of emergency. Even then they refused to listen to me for about ten minutes. The first thing that silenced them was the assurance that I was not there to scold them or even preach to them; that I was there as a friend to tell them some of the things they would like to know. I told them first that as a matter of fact they were to a great extent not to blame for their sins, and that they were almost as much sinned against by society. I asked how many of them had had a home—a loving, comfortable home—a good education or training to earn a decent living wage, and ample opportunity for wholesome fun. Very few indeed assented. "That," I continued, "is the story of most of the unfortunate girls who go wrong. The world has not always understood the situation as it now does. We know now that a good number of girls who go wrong are children in mind; that they do not know actually what they are doing, but are under the influence of some vicious man who uses them to satisfy his craving, then deserts. And the rest follows. A good many girls believe the promises and confessions of love and even promises to marry, and then desertion, with its full penalty, is left for the girl. Still others crave for more than they have in the way of clothes and enjoyment, and under the influence of someone who promises great things, and probably with a little drink, the girl forgets herself. Then parents and friends consider her lost and the underworld is the only place for her." By this time my audience was eager. I proceeded: "I came to tell you that the life of prostitution is not an easy life; although you might pretend that all is well, you know what the hardships are. At first perhaps you get more money and live in greater luxury, but it does not last long. Soon this promiscuous relationship leads to disease, and then down



and down the career goes, and finally comes the gutter. It is no use fooling yourself. There is just one life to live here, and all human beings are alike, longing to live happily with the respect of one's friends, relations and the community. It is no use pretending that you don't care. In your hearts you know you crave for real things at your best moments, but you shut your eyes and try to forget in despair, because you see no other way. I came to tell you that there is another way; that the world is changing; that they are beginning to understand that the girl is not always to blame; that conditions under which she lived were frequently unjust to her, and responsible for what she is. The girls now are given a chance, therefore, to begin all over again. The government of our country is anxious to protect our girls, not only those who have not sinned, but those who have fallen. There are all over the country now what we call Committees (under government supervision) for the protection of girls, to which any girl can go and appeal, and she will be given a chance to begin all over again. The government is trying hard to inaugurate a new policy—demanding chastity from boys and pointing out to them that immorality is full of dangers, because promiscuous relationship almost always leads to venereal disease. But all of us, girls and women, in order to bring about the single standard of morals, must learn to play a fair game with boys."

Then I made a general appeal to them, saying that their country needs them to help in this great struggle for democracy, which will give the whole world, ourselves included, a better chance to live and develop; that many of our boys are training, submitting to all kinds of discipline, preparing to go across to give their lives if need be, for this great cause; that women, too, must not be slackers; that every woman can do something to help by making some personal sacrifices, or working at something which our government or the boys need over there. "I am sure that you are just as sensitive to the appeal as the other women in this country, and that you ought to forget your immediate past and resolve to begin all over again, for you have a chance now to take your place with the rest of the women

in this country—women who have had greater opportunities to learn self-control, because they have not been so sorely tempted, are here to help you do this thing.”

I was myself surprised at the effect of my speech, though I had always had the profound belief that there is a way of appealing to the best in the worst of us. Now I am more than ever convinced that if the women of our country who have leisure and understanding would actually give their attention and energy to this cause, many of these girls could be rehabilitated, or at least placed on farms and given a chance to earn an honest living under state protection.

Another group of special interest was made up of Mexican mothers. I spoke to them through a Spanish interpreter. Their own customs and ideas were so different from the American ones that it was difficult to know just how they would take my speech. They seemed interested when I told them the dangers of venereal disease, especially when I pointed out the dangers to the women and children; but a look of absolute hopelessness came over them when I suggested what should be done to eliminate disease. They apparently felt utter inability to cope with the situation, but when I mentioned the great possibilities for the future, if our children were brought up and taught differently almost from the day they are born, their faces changed greatly, and they began to show real interest in the matter. It is the wonderful feeling of the mother—what she can do to save her child from dangers—that shone in their strange, interesting faces. They listened with such intense interest that it almost seemed as if they understood what I said. When I told them that the child should be told by its mother at a very early age, long before sex consciousness awakens, simply and plainly about its own body, organs, and the wonder of the process of reproduction, so that it would learn from her the truth, instead of picking up notions on the street that are vicious and vulgar and that are permanently stamped on the minds of many men and women who can never look at the question of sex in a high-minded way; and when I argued that by telling these facts to a child, both mother and child become closer to each other,

making it possible for the mother subsequently to take the child step by step in its development, they all looked eager and begged me to tell them how to give children the facts of life. I told them that they must first of all be truthful and learn to tell the story in the right way. Then I sketched as well as possible under the circumstances the facts that parents should know in order properly to guide their children. At the end of the meeting, I was surprised at the vigor and fluency with which these mothers bombarded me with the most intelligent questions.

My experiences were no doubt similar to that of many others who carried on such educational work in other parts of the United States under the auspices of the Section on Women's Work, Social Hygiene Division of the Commission on Training Camp Activities, and all will agree that this education has awakened a sincere desire for knowledge as to the dangers of venereal diseases and how best to prevent them. Such interest and knowledge are bound to play a very important part in solving the social hygiene problems in this country and formulating our newer ideals of health and morality. Thousands and thousands of women and girls will never again be indifferent to these problems, and they will form a great asset for a permanent campaign in this country to eliminate disease and bring about a better and purer relationship between men and women.

## ADEQUATE REPRODUCTION<sup>1</sup>

ROSWELL H. JOHNSON

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For any country at any given stage of advancement of its arts, and of exhaustion of its resources there is an optimum number of inhabitants up to which the country can continue to increase its population without producing an undue pressure upon subsistence. Above this optimum the number is such as to lead to injurious poverty regardless of any improvement in distribution.

A well-ordered community will strive to reach this adjustment. It may do so by encouraging or discouraging emigration, encouraging or discouraging immigration, or by raising or lowering the birth-rate. On the other hand, general welfare demands a minimum death rate and a marriage rate limited only by considerations of the unfitness of the parents, so that neither of these should be modified for population considerations. Only the birth and migration rates may be modified for this purpose. There is no reason to believe that any large part of the world is so seriously short of population at the present time as to demand a rapid increase of population; certainly such is not the case in our own country.

But so far we have considered the population as a whole. When its individuals are evaluated, however, it is found to consist of persons of widely varying individual and social worth. Our population is made up of a large number of those of middling innate worth, with the proportion of persons above and below this mode constantly diminishing as the deviation from the average increases.

This is universally recognized for physical characteristics. As to the mental characteristics, however, which are vastly more important, there are many idealists who in the face of the bio-

<sup>1</sup> Read at the Session on Eugenics, Ninth Annual Meeting, American Association for Study and Prevention of Infant Mortality. Chicago, May 7, 1918.

logical impossibility of no variation still insist in innate mental equivalence. The evidence against these well-meaning idealists is too copious to be retailed here. (See Popenoe and Johnson's "Applied Eugenics.") Suffice it to say that it is no less convincing than manifold.

Let us confine our attention today to the mental abilities in the largest sense, for it is in this field that retrogression of the innate characteristics of the species is probably under way. The physical attributes need far less attention, since death is still quite sufficiently selective to prevent any serious retrogression. Nature will take care of physical evolution fairly well, but for the mind, a eugenic program alone can save the day.

Since these differences in the value of the individual to society and to himself are now known to be in large part inherited, it becomes of great moment to know the relative birth rates of the population. Obviously racial progress depends on a disparity in the reproduction of these groups in one direction. If reproduction of the most inferior is prevented, as should be done, then the remainder must yield a higher birth rate. But in addition to that, the superior half should have a higher rate than the inferior half. Sprague finds 3.7 births are necessary to sustain a fixed population, whereas Dublin places it at 4. Hence we must expect more than 3.7 births from all superior women, or we cannot have a progressive race and maintain our numbers. This rate of reproduction then constitutes adequate reproduction on the part of the superior half. Anything less is inadequate.

Are our superiors reproducing adequately? Without retailing here the details, the answer is decisively no. How then can they be led to do so? By a new attitude toward reproduction, and by the reconstruction of features of a society that makes for this inadequacy.

First, we need a reconstruction of education. The instincts of a woman should make the work of the mother a gratification. Let us not thwart them by an education that tends to alienate her from the home as we are actually doing. The problem of developing the teaching of domestic science and mothercraft so that they will fill their proper rôle is a most urgent one.

Second, let us handle sex education more efficiently than we do. Its purpose should not be to make chaste celibates, but rather efficient mothers. Today we either teach nothing, leaving to the newspapers, the musical comedy and vaudeville unopposed their perennial task of discrediting marriage and parentage, or else we hurl a revolting mass of information on venereal disease and prostitution at our young girls before they are taught the real significance of sex and reproduction. But a better day dawns when we have such a wonderful poem of life as Maeterlinck's "Betrothal" with which to steady our girls as they meet the knowledge of the pathology of sex.

Third, we need economic fair play so that income may be more proportionate to real worth. The ideal of equal incomes, so attractive to the inefficient, is peculiarly pernicious.

Fourth, taxation should be heavy on the excess portion of incomes, and very light on that which is effective in determining the number of children. We now exempt those with small incomes, and strike very hard the two to six thousand dollar incomes, a group from which children are much more desirable. Incomes over twenty thousand dollars, on the other hand, are fair game for the tax collector, for it is usually actually injurious to the recipient and his family.

Fifth, do not deprive the ignorant of the information and means of birth control; thus the disparity in the birth rate between them and the educated may be reduced.

But now let us pass to the direct attack. We must have a new attitude toward reproduction. Let us give honor where it is due, and withhold it from the slacker.

Are all our superior single women wholly to be excused for their celibate condition? I doubt it. Have not some allowed themselves to fall into narrow ruts where they make no new acquaintances and meet only a familiar round of boys and married men? Have not others unfortunately allowed themselves to drift into an inexcusable anti-social misanthropy that seriously damages their attitude toward men.

The married woman whose reproduction is inadequate—the woman with one, two or three births is, except in a few special

cases, pulling back on the wheels of progress. It is to her we wish to make a direct appeal. We have talked much of the nobility of women who gave sons to the risk of death; have we no word of appeal to superior women to give life to sons, nor word of approval to the splendid women who take their share in the most momentous thing in all life. In this field are the arch-slackers. She particularly offends when her husband is highly mentally superior. If the inadequacy is not from her will but his, our condemnation shifts to him as also our honor to the adequate fathers.

Should this pair be able to live in many rooms and have servants to assist, our condemnation must be still more severe of the life slackers.

What do you think of the strong man who piles his load on the weak and heavily laden to walk on erect and blithe?

There is, then, a racial *noblesse oblige*. Unfortunately it finds little recognition, for there is abroad a spirit of misguided selfishness cloaking itself in fine phrases, "realizing one's capacities," "being true to one's selves," "following one's bent." The modern superior celibate, heedless of the future, sets up these false gods. Woe to the nation which, like ours, finds its superior women "slacking on the job" of motherhood, as ours are doing.

## IS EDUCATION A WORTH-WHILE FACTOR IN THE CONTROL OF VENEREAL DISEASES?<sup>1</sup>

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The pre-war rate of venereal diseases in the Navy was about one hundred and sixty-five per thousand. During the last fiscal year, July 1, 1917, to June 30, 1918, the rate dropped to ninety-nine per thousand. From July 1, 1918, to December 31, 1918, the rate was still lower,—namely, seventy-four per thousand. A study of the weekly curve reveals not a sudden drop, but a gradual decline with the usual fluctuations.

[REDACTED]

Eight years previous to the war                      165 per 1000

[REDACTED]

July 1, 1917, to June 30, 1918                      99 per 1000

[REDACTED]

July 1, 1918, to December 31, 1918, 74 per 1000

What is the cause of this improvement in the venereal disease rate? It cannot be explained away on the assumption that the figures were not accurately reported or carefully compiled, because the established system of gathering medical statistics in

<sup>1</sup> The activities of the Navy Section, Social Hygiene Division, Commission on Training Camp Activities, have not been limited to the education of enlisted men in the principles of venereal disease prevention. In their field trips, representatives of the Section are careful to call on medical and line officers as well as chaplains, discussing with them the general problem of social hygiene in an attempt to enlist their interests. This article is the substance of an argument presented in a circular issued by the Navy Section for distribution among officers, especially medical officers.



the Navy has not undergone a radical change during war times. Moreover, the difference between the old rate and the new is too great to be accounted for on the "margin-of-error" theory. The prophylactic packet had been withdrawn. The administration of medical prophylaxis under the supervision of medical officers will not account for it since the procedure and technique of administering prophylaxis were thoroughly tried out in pre-war times, and have not changed materially since. The policy of medical inspection or regulation of prostitutes can receive no credit for it as this policy has been, and is being, vigorously opposed by the government.

We are forced to the conclusion, then, that the following factors (in addition to those previously employed) are responsible for the steady decline in the venereal disease rate:

- a. The better class of men that have entered the Navy since the war began.
- b. Placing of sailors (as well as soldiers) on a higher plane of public esteem.
- c. Closing the bawdy house and saloon to the sailor.
- d. Provision of wholesome recreation and entertainment.
- e. Activities of health authorities in removing from society, known carriers of infection.
- f. Carrying on of a vigorous educational propaganda.

It is not presumed to attach relative values to these various factors. No one can say in just what order they should be listed. The last item — vigorous educational propaganda — is placed last merely because we are confining our arguments to the value of education as a factor in preventing venereal diseases.

The number of medical and line officers who maintain in all sincerity that educational prophylaxis is of no value is rapidly decreasing, but it is still great enough to justify this discussion. We are even yet informed by men who have had years of experience on the sea that "human nature is human nature" (which we are loath to deny), and hence the sailor *will* have his fling and *will* expose himself regardless of consequences. There have been cited to the writer cases in which men working in dispensaries or hospitals and seeing daily the most painful and loath-

some results of venereal disease, forthwith ventured out and invited "some of the same" for themselves. Truly human nature is perverse! But to accept such cases as typical is a libel on the good sense, discretion and mentality of the American sailor. Full cognizance is taken of the powerful sex urge in men who have been at sea for weeks in succession and are then suddenly exposed to the blandishments of a prostitute. Nevertheless, we refuse to admit that man is merely a creature of instinct and not amenable to some measure of mental control.

For the sake of argument let us admit that there is still in the Navy a type of man who will expose himself to the possibility of venereal infection at every opportunity—say one hundred times out of one hundred. We will dub this man Gunner's Mate Brown. Suppose that as a result of the right kind of educational appeal—an appeal to fear, if you will, or patriotism, or any other motive—Brown exposes himself ninety-nine times out of every one hundred, which surely is not outside the range of probability. This is some improvement at least, for even though Brown has not been converted to the idea of living a continent life, he *has* reduced the number of his exposures by one per cent. Now multiply this by the total number of "Browns" in the Navy. There must follow, as a result of the decreased number of exposures, a decrease in the venereal disease rate.

But the Navy is not made up entirely of men like Brown, so it is only fair that we consider the other extreme,—the sailor whom we shall name Seaman Smith. He is full of ambition. He comes from a good family and would not cast discredit upon his excellent moral training. His enlistment into the Navy was actuated by high patriotic motives. He left behind him a charming young girl who stimulates in him all that is chivalric and noble. Seaman Smith's education, however, has not been completed because the folks in his home town were too "nice" to talk about such things as sex and venereal diseases in public. This boy, then, anxious to measure up to the expectations of his fellows, homesick, psychically ripe for an amorous adventure, is a potential victim of some wily hooker when next he is given shore leave. At this opportune moment, his medical officer, in

whom he has confidence, points out to him, in plain, forcible language, the dangers of venereal disease. This he follows with an appeal for decent living from the standpoints of physical fitness, of chivalry, of obligation to those who hold faith in him, and of patriotism. The seed is sown in that boy's mind and grows into the determination to keep away from prostitutes—a determination which, because he is made of the right kind of stuff, he is able to carry out.

In this case, education has hit the bull's eye. It has scored one hundred per cent—just as effective in this particular instance as any prophylactic vaccine or serum known.

Between these two types, the one in which education is one per cent efficient and the other in which it is one hundred per cent efficient, are all stages. Whether the mean is nearer the top or the bottom is beside the question, the fact remaining that education is a worth-while factor in limiting the spread of venereal disease among sailors, and one which we can not afford to ignore.

Leaving moral issues and eventual outcomes out of the discussion, medical prophylaxis, rightly used, is an invaluable adjunct as a measure in combating venereal diseases. Perhaps the one substantial argument against it is that the medical officer depends upon it so completely that he is likely to sacrifice, at the expense of it, the employment of other methods. Being scientifically trained and demanding immediate, visible and certain results, his tendency is to lean heavily on medical prophylaxis, dismissing educational prophylaxis with a flourish, or at best, pursuing it in a half-hearted manner. Establishing an efficient system for administering medical prophylaxis is so easy in comparison with the more difficult and laborious method of "mental inoculation" that one is inclined to consider his work completed when the former has been accomplished.

Lack of interest and of faith in educational prophylaxis may be due partially to the fact that immediate results are not usually apparent and that the task is by no means an easy one. Planting a thought or motive in the mind of another involves

the most subtle factors. Impressions and appeals of the right kind must be made again and again, using all the arts of the advertiser and the educator. If constant dropping can wear away the stone, if persistent advertising succeeds in selling red flannel underwear to South Sea Islanders, is it vain to hope that by repeated injunction and explanation the sailor can eventually be made "immune" to the wiles of prostitutes?

It frequently happens in scientific circles that one man is able to obtain certain results in the biological laboratory or operating room which cannot be exactly duplicated by another who has perhaps read a description of the experiment in a medical treatise. If the procedure were a strictly scientific one, there should, of course, be no difference in the end results, other factors being equal. If the desired result is not achieved, it may have been due to poor description on the part of the author; inadequate equipment employed by the experimenter, or a difference in the personal equation in making observations. Frequently the explanation lies in the fact that the technique has been faulty.

Educational prophylaxis of venereal diseases is now at least on a sound, if not strictly scientific basis. The Social Hygiene Division of the Commission on Training Camp Activities was organized for the purpose of assisting and suggesting to Medical Officers how they might make more effective their efforts along the lines of education concerning sex and venereal diseases. To that end, there have been prepared exhibit devices, advertising material, booklets, pamphlets, slides and motion pictures, all of which are available (to medical officers of the navy) on request.

## NEW ETHICAL VALUATIONS

The church of today is coming rapidly to realize that neither ritual nor dogma constitutes the end of its existence and that they do not give any guarantee of its permanency. Character, not creed; service, not orthodoxy, are the present tests of religious validity. . . . Thus to a large extent a religion of thought has been replaced by a religion of action, and metaphysical concepts have come to be less esteemed than spirit and conduct. With this change in view have come new ethical valuations. The stern morality of Puritanism, based upon theoretical standards, is giving place to a practical morality arising out of our changed social conditions. Virtue no longer consists in literal obedience to arbitrary standards set by community or church, but in conduct consistent with the highest good of the individual and society. . . . Thus a new humanitarianism in religion and ethics has arisen to take the place of the theoretical standards of orthodoxy of a generation ago. It rests upon practical morality, and values institutions in proportion to the service they render in the formation of human character and the production of human welfare. . . .

Practical ethics knows no distinction of sex. Present ethical tendencies are making effective demand for an equal standard of morals for both sexes. The social inferiority of women in all ages due chiefly to their economic dependence, is largely responsible for the rise and the persistence of a dual standard. With the change in the social status of women the necessity for the toleration of such discrimination is passing away. . . .

From "Divorce, a Study in Social Causation," by James P. Lichtenberg.

## THE VICE PROBLEM IN PORTO RICO

MAJOR GAVIN L. PAYNE

*Field Director, American Red Cross*

When fifteen thousand men were conscripted for the National Army in Porto Rico, and called into camp at Las Casas, five miles from San Juan, the capital, the venereal problems involved immediately engaged the attention of the military authorities. The health conditions in the old walled Latin American city had been under the scrutiny of the United States Navy at one time, and in consequence, during the last decade, shore leave had been refused sailors on naval vessels while in the port of San Juan. Medical writers had commented on the prevalence of venereal diseases in the insular ports, and San Juan in particular, and the comparative cleanliness in this respect back in the mountains and country districts. So, the new camp threatened to bring the inland youths in contact with the vice of the main seaport. There was a twofold menace: from the civilian point of view, smearing the diseases over the island; from the military point of view, rendering a considerable portion of the fighting forces ineffective.

Vice in San Juan, at the time, was more or less municipally inspected, but not repressed, and the courtesans almost had encircled the old infantry barracks on the "top of the hill" where the first Porto Rican regiment had been stationed. The federal zone law, enacted soon after the war began, was effective in breaking up the segregated district, and Brigadier General E. R. Chrisman, commanding the camp, made assurance doubly sure by forbidding, for a period, the enlisted men visiting San Juan. Nevertheless, the cleaning up process merely resulted in sweeping the dirt into the corners. The women scattered to the various cities of the island, and, unless the soldiers were to be denied furloughs to their homes from time to time, the menace still existed. Under the vigorous action of Attorney General Kern, the problem, as far as it concerned the soldier, was settled at one

swoop. Every known prostitute on the island was arrested and haled before a judge. The prosecuting attorneys, under the spur of the attorney general, made out cases which led the judges to send nearly one thousand women to jail, with sentences of from two months to two years. The cold statistics of the military camp grimly reflect this severe measure. The new cases of venereal diseases that developed were negligible in number, the record being one of the lowest, if not the lowest, of any military camp in the United States; this, notwithstanding the high percentage of diseases existent among the soldiers when the men were mobilized for training.

Thus was a military problem met in a military manner. Time was too short in which to approach the problem according to any well considered sociological principles, nor were means devised nor money provided for handling the problem on the most humane lines. The exigencies of war had to be considered primarily, and the values lay in the numbers of healthy soldiers saved for the battle drive.

With all these women incarcerated, a perplexing situation arose. To provide for their care, a burden was thrown on the insular government, always in need of funds, and the attorney general's ingenuity was taxed to obtain money for their mere maintenance. The humane treatment of the women, proper medication, discipline and schooling, offered another problem which only could be met by the sympathetic interest and aid of outsiders. These women were confined, at first, in jails at San Juan, Ponce, Mayaguez and Arecibo, and the congestion of quarters, which was deplorable, was made worse when the earthquake at Mayaguez necessitated the transfer of the women in jail there to the other jails.

#### ALTRUISTIC WORK INVOLVED

The altruistic work involved in meeting this situation was: 1, to effect cures and reduce the danger of infection; 2, to provide a jail routine that would improve the women, mentally and materially; and 3, to provide instruction which would send them

back to their communities a little better equipped to brave the world and resist the enticement of their old calling.

From the great United States government, which as a sovereignty has done so little for the island and has yet profited by this movement, no help was had, save the gratuities of a small amount of medicine and the permission accorded a genito-urinary specialist at Camp Las Casas to volunteer his services in the medication and treatment of the diseased women. The attorney general of the insular government strained every resource to obtain funds, and applied himself diligently to his puzzling tasks. When a special session of the insular legislature met, towards the close of 1918, he was denied relief, but courageously continued to face the situation. It was possible for him at any minute to abandon the job, and, with good grace permit the women to be pardoned and turned back on the communities, but he was not made of that sort of stuff. At this writing, the legislature is in regular session at San Juan, and the steps it will take to provide for the women in jail are conjectural.

With so large a number of women to ration, the attorney general's resources were quite inadequate, and the work of regeneration was dependent largely on volunteer aid from clean-minded men and women. One welfare association was active, and women went into the jails to teach the girls to read and write, and to make the drawn work for which Porto Rico is famed. Presently the earthquakes and influenza brought their trails of woe to the enchanted isle, and the neurasthenic conditions which followed brought about a lapse in this commendable endeavor, although it was resumed to some extent at the beginning of the present year when conditions became more normal. The earthquake season particularly was trying on these women huddled in old adobe jails, as numerous faint shocks followed the damaging one, producing a hysterical turmoil for awhile, and adding to the unhappy mental state of the women in confinement. In the long months of imprisonment, much good might have been accomplished by organized effort to teach these women, but the Porto Ricans do not take the keen interest in social problems that



has been shown in the states in the last decade, and the seclusion of their own women, according to the Latin American custom, was not conducive to a widespread movement to help the erring sisterhood. In some quarters, the whole crusade was looked upon askance, although it may be said with confidence that the more advanced classes of Porto Ricans regarded the movement as one calculated to better conditions on the island, as well as being an excellent military expedient. The "Americans" on the island seemed to feel it was eminently the proper thing.

#### THE RED CROSS WORK

In the Insular Government's dilemma, with respect to funds, an appeal was made to the American Red Cross at Washington. This organization carefully considered its duty in the premises, but concluded that all its energies, at the time, should be directed towards activities incidental to the war, and should not be diverted to cases partaking so largely of a sociological nature. Also, it was clearly the duty of the insular or federal government to make proper provision. However, there was a phase that concerned the welfare of the soldier in camp, and to that extent the Red Cross felt itself interested, and so made a small appropriation to be employed as the field director deemed best. To apply practically this appropriation and secure the best results, was difficult, on account of the disparity between the amount of money available, and the round sum required to give complete relief. Reasoning out the most efficient employment of the money, in light of the Red Cross interest in the soldier's welfare, not only in camp but after his discharge, the field director concluded that all effort should be bent towards rendering the women non-infectious on their release from jail.

Observing the work of Lieut. Herman Goodman, a genito-urinary specialist, at Camp Las Casas, who had volunteered to aid the attorney general by giving the women medication, the American Red Cross field director sensed the best results by backing up this energetic young medical officer, who had extraordinary zeal for his work, was full of "pep" and had demon-

strated an unusual clinical ability. To that end, every assistance was afforded Dr. Goodman, and a quantity of a well known specific furnished him. The field director on several occasions observed the work of the lieutenant, who was ably assisted by his wife, a former trained nurse, who was skilled in laboratory work, and whose zeal in studying cases was no less than that of her husband. By giving the women the benefit of expert treatment, with careful observation of cases, the course of their disease was abated, and they were rendered non-infectious, at least for a time. In this way, the spread of disease on the island was reduced. Had the insular government been given sufficient funds to provide for these women over a longer period, in order to work out their regeneration, the health of the young men of the island undoubtedly would have profited tremendously. There was no doubt of the number of new cases of venereal diseases on the island being largely reduced while these women were in jail. The development of so few new cases in a camp of fifteen thousand men after the women were imprisoned, demonstrated this.

There is one unfortunate aspect to the discharge of the women without a complete course of treatment, and that is the impression gained among the discharged soldiers that the women are entirely free from disease now and may be safely approached, thus encouraging promiscuity with women who again may break out as danger centers. There was no disposition on the part of the women to resist treatment, except in a few cases, and apparently they lined up eagerly when the specialist appeared. If a sane course of treatment could be continued after their discharge from jail, the good accomplished in jail would not lapse, but here the lack of organized effort probably will undo much of the benefit conferred on the women themselves.

#### THE PORTO RICAN PROSTITUTES

The type of prostitute in Porto Rico appears younger than that in the states. Doubtless this is due to the earlier maturity of women in the tropics than in the temperate zone. Some of the women in jail were mere children of eleven, twelve and thirteen

years of age and in reply to questioning they generally attributed their downfall to married men. Some of these young ones became mothers after they had been in jail a few months. Very few of the women were from the middle class or better to do families, most of them coming from the poorer laboring class where the women do not have the benefit of the seclusion accorded their sisters of the other classes. The life and experience of these prostitutes is practically the life story of women of the same type in other lands, with the modifications which the relaxed life of the tropics brings about. The extreme poverty of the laboring classes, with very low wages, was responsible for a portion of the degradation. The element of remorse did not appear as often as it probably would among this type in the temperate zone but this is attributable to a laxity in moral standards.

While vice seems more common in Porto Rico than on the mainland, the question constantly obtrudes itself as to whether this is more apparent than real, and the same observation may apply to venereal diseases. Neither perhaps, is hidden in Porto Rico as much as it is in the states. If accurate statistics were available, I have serious doubts whether more cases of venereal disease in proportion to population would be shown in Porto Rico than in the populous states of the Union. I make this observation after an experience, as chairman of a conscription board in a middle western city, in passing on the first thirteen hundred young men who presented themselves for the National Army. This city is a city of homes, and presumably with high moral standards, but the percentage of venereal disease among the "flower of the land" was appalling. In Porto Rico, there has been more of an indifference to the social disease status than in the states, but not more so, in my opinion, than prevailed in the states ten years ago, before the public conscience began to awaken, and, so, in fairness to Porto Rico we may say she is just a decade behind the times. While tourists dwell upon the general ignorance and illiteracy of the population back in the mountain and country districts, yet our crowded cities in the states reflect an amazing proportion of people similarly unfortunate.

## CONDITIONS IN CAMPS

The initial number of venereal cases in the mobilization of Camp Las Casas was high, but it must be remembered the draft boards were specifically instructed not to exclude men suffering from venereal diseases, except in a few extreme cases. From the outset, the diseased conscripts were given vigorous treatment and Lieut. Herman Goodman was established in a "concrete house" on the Seburrucco road, in the center of the camp, and here he brought equipment to treat the men efficaciously and on a considerable scale. Of all these men who came to camp, twenty per cent had never worn shoes, and over sixty per cent could neither read nor write their own Spanish vernacular, a sad commentary on our vaunted educational administration of the island for twenty years. In routine examinations, for instance, of drafted cooks and bakers, twenty per cent gave four plus reaction (Wassermann), and a third of the employed cooks whose ages were not limited to 31 years of age, gave a four plus reaction. Of the examination of the prostitutes arrested in the round up, more than half showed syphilis by the Wassermann test, and as to gonorrhea, in the words of Lieut. Goodman, it practically was unanimous.

Singularly enough, the United States Congress completely ignored Porto Rico in its appropriation to the Public Health Service for combating venereal diseases. Yet there is no locality where the United States government has a more pressing moral obligation to help at the present time than in Porto Rico, and there is no area where vice can be so easily met and overcome, nor where experimentation can be carried out so systematically and effectively.

The moral obligation of the United States government to lend a hand arises out of the corralling of the thousand women for the purpose of protecting the soldiers, to save the health of the fighting force for the supreme hour of battle. The roundup was an extraordinary event, not undertaken in an ordinary course of reform, and it involved a very large expenditure of money. The initiative was undertaken by an officer appointed by the President of the United States and confirmed by the United States Senate,

and so it was through the instrumentality of the United States government these women are in limbo. Moreover we saw the morale of the government's fighting force improved by the course pursued and the results accomplished. It was solely a war measure by which the government profited. The confinement of so many women at one time was unparalleled elsewhere,—at least to my knowledge,—in the federal domain, if indeed in the world. The city of New York with its much larger population than that involved in Porto Rico and its proximity to all sorts of camps, naval stations, and other activities of the war; never, so far as I know, had such a sanitary clean up. And yet, no one will deny that the opportunity for contaminating the soldier readily existed in the American metropolis. Porto Rico was cleaned up to protect a camp of fifteen thousand soldiers. For every fifteen soldiers one woman was sent to jail for a long period. With over four million soldiers enrolled, if the same course of action were logically applied elsewhere, a quarter of a million would have been under lock and key as a strictly war measure. Had such a gigantic reprisal against the crime (sic) of misfortune and ignorance been undertaken in the United States, does any one doubt the United States government would have participated directly in the campaign and furnished much of the money for it? It was his authority and influence as an official appointed by the President of the United States that enabled Attorney General Kern to accomplish so much in the face of flings and attacks from influential newspapers of the island. The isolation of the women in the several cities successfully supplemented the federal zone law, which, in Porto Rico, could not have reached the situation. But without money, and with an antagonistic legislature, there seems little prospect of following up the reform unless funds are supplied by the federal government.

#### ADVANTAGEOUS AREA FOR EXPERIMENTATION

To wipe out venereal disease among a million and a half people, where the disease has approached a saturation point, as some writers extravagantly claim, may seem a hopeless task. However,

there are certain aspects of the situation which appeal to action or at least experimentation. Here we have a thorough coöperation among the officials in high places. The geography of Porto Rico shows its isolation, which is favorable to working out successfully a large plan. The immigration to the island is small, and once the island is cleaned up, it will be quite easy to exclude further disease of this type, particularly as the landing ports for ordinary steamers are few. As there are no railroads crisscrossing the island, and as the people are poor, we do not find the constant shuttling of people by transportation routes as is customary in the states. This condition lends itself to an easy definition and preservation of areas for treatment and watching of cases, as well as for the establishment of industrial or other agencies for the regeneration of the women. It is assumed that the spread of infection from a given number of women is far greater than from a similar number of men, in view of the greater promiscuity over a given period of time among prostitutes. The problem as to the men would have to be worked out.

The people of the United States are throttling the age-old drink evil in a determined, effective way. The next big reform for the United States is the social evil, and its attendant degeneracy. The experience and observation of conscript boards over the United States has stirred up public sentiment as to our physical waning. A first big step in the reform is to be taken. Why not take it up in Porto Rico, where a large preliminary work has been started, and where conditions best serve a demonstration of ability to conquer the Beast?

To deal with the detained women in Porto Rico, a workable plan must be based on a project to make the women practically self-supporting. They must be cured, must be taught the rudiments of a common school education, and must be given an occupation. The jails do not offer the proper places for reform or regeneration. Governor Yager favors an industrial farm in the center of the island, and with the climatic blandness of Porto Rico, housing conditions for a large number may be accomplished without the heavy cost which prevails in the temperate zone.

The Red Cross field director found the governor very sympathetic in a plan to establish a castor bean farm to supply the government with the castor oil, and in turn to have the War Department establish the farm, but the signing of the armistice took the War Department out of the market for this product. It is the purpose of the governor, however, to advocate this plan before the legislature.

## BOOK REVIEWS

**WOMAN'S WORK IN MUNICIPALITIES.** By Mary Ritter Beard. New York: Appleton and Company, 1916. 344 p. (National Municipal League Series.)

In her book entitled "Woman's Work in Municipalities," published two years ago, Mrs. Beard gives an admirably condensed but comprehensive account of what women have accomplished by their initiative and persistence in arousing public attention to the need for reform in the conditions of life throughout the municipalities of the United States. The main themes discussed in the eleven chapters of this book are education, public health, the social evil, recreation, the assimilation of races, housing, social service, corrections, public safety, civic improvement, government, and administration.

Because of the close concern of women with children, they are particularly aware of the necessity for improved conditions in education and school life. It was largely owing to the initiative of women that, in 1876, the household arts were first ranked as subjects of instruction in public schools, which has given rise to the domestic science education of today. Women have done much to prove the desirability of physical training for school children, and it is to a woman that we owe "the inspiration of the effort which has been made in New York City to deal with mentally defective children," from the time when these children were first given special attention in the public schools in 1900.

In regard to the problems of vocational training, also, much creative work has been done, an example of which is the survey of these problems recently made by a woman under the auspices of the Public Education Association of New York. Public recognition of the services women have rendered in education is evidenced by the fact that in at least thirty of our municipalities they have been appointed to serve with men on our school boards.

Through experiences gained in the endeavor to improve conditions of public health, the attention of women was aroused to the low social status of their sex and to the evils arising therefrom. They have realized and faced the problems of vice and the spread of venereal disease and are working earnestly in the endeavor to initiate a broad



and balanced education in sex and sex-hygiene as constituting one of the most important steps in combating the social evil. Women served with men on the Chicago Vice Commission of 1912, which was the first commission of its kind to be appointed by a municipality and financed by the city treasury, and an important part of its investigation was made by women, or under their direction. "In fact," says Mrs. Beard, "there is no line of thought and endeavor today in the crusade against vice where women are not to be found as leaders."

In the remaining chapters of the book, we have a clear exposition of the significant part women have played in prison reform, the study of eugenics, the improvement of country life, and in other social, civic and economic problems. Though we may feel that Mrs. Beard sometimes champions women's achievements in public life so wholeheartedly as to make it appear almost as if they had a monopoly of well-directed zeal, such is not her intention. Instead of seeking to inspire an exaggerated ego by means of her story of woman's achievements and visions, her hope is rather that "by the assembling of hitherto disconnected threads and an attempt at the classification of civic efforts, more women may be induced to participate in the social movements that are changing the modes of living and working and playing, and that those who have watched their own threads too closely, may perhaps lift their eyes long enough to look at the whole social fabric which they are helping to weave. Finally the story is told in the hope that more men may realize that women have contributions of value to make to public welfare in all its forms and phases, and come to regard the entrance of women into public life with confidence and cordiality, accepting in their coöperation, if not in their leadership, a situation full of promise and good cheer."

S. D. H. D.

AN INTRODUCTION TO THE PHYSIOLOGY AND PSYCHOLOGY OF SEX.

By S. Herbert. London: A. and C. Black, Ltd., 1918. 136 p.

This book, according to the author, is intended to fill a distinct need in the literature of the physiology and psychology of sex. It is true perhaps to a greater extent than in other scientific literature, that the needs of the layman have been less satisfied in this than in any other type of scientific reading. This little book, with its well-planned contents, gives a nicely balanced introduction to the study of the physiology and psychology of sexual life. Unfortunately the

author is a physician by training rather than a biologist and psychologist, and so the information contained is given from the physician's viewpoint. On the other hand, an admirable balance has been reached which should give the elementary student of sex psychology an excellent introduction to its normal as well as its abnormal aspects. The book is particularly strong in its brief and clear explanation of the abnormalities of sex life, as well as in its discussion of the sexual norm. It recognizes frankly the sexual pervert and the meaning of this type in normal life, at the same time giving constructive help to those who meet for the first time this problem.

The first chapter on the "Biology of Sex," is perhaps the least satisfactory of the book, because of the slips of the author and his rather obvious dependence for information upon sources which are not the latest and most accurate. The second and third chapters on the "Physiology of Sex" and the "Physiology of Reproduction," although written from the standpoint of a physician rather than that of the general biologist, are excellent. In his later chapter (V) on the "Psychology of Sex" the author gives an excellent comparison between the sex characteristics of man and woman, showing the sexual adaptations to family life. This chapter is one of the best in the book. The chapter on "Sex Abnormalities" also is excellent, and explains, in an elementary way, some of the sex abnormalities that may be met with in daily life. His discussion of the sexual invert is enlightening to the layman in its hinting at psychic hermaphroditism. His seventh chapter, on "The Sexual Norm," has already been referred to and might well be read by every young man or woman intending marriage.

On the whole, the book fills a place in literature of sex long unfilled. It is unfortunate that so many of the illustrations are so poor and out of date, several having been copied out of books that were new twenty years ago. It also is unfortunate that the author has used such a limited bibliography, his list omitting many more recent books and containing none of the splendid work done on this side of the water.

He also gives little evidence of first-hand knowledge of some of the most recent studies in biology. Some errors of statement are in evidence, and some of his statements are not qualified in order to make them correct. For example, on page 4 he says "The *average* size of a cell is always microscopical, about  $1/12$  to  $1/250$  inch or less." (The italics are my own.) Later, on page 8, in speaking of regenerative power of some animals, he says: "Of these cases the most familiar example is the common earthworm, which, when divided,

grows into two complete animals, each divided part regenerating the missing portion of the body." On page 20 the statement is made that "Among plants we find male and female germ-cells in all flowering species—the former, the *pollen-grain*, being developed in the anther of the stamen of the flower; the latter, the *ovule*, lying in the ovary, to which the pistil leads." (The italics are mine.) Other examples might be quoted, but these suffice. With the correction of these and other misstatements the book should hold a valued place as a pioneer in its field.

G. W. H.

**SOCIAL DIAGNOSIS.** By Mary Richmond. New York: Russell Sage Foundation, 1917. 511 p.

Up to the present time the social worker has, to a large extent, been forced to act on his own initiative. While there were many who were doing the same kind of work, no attempt had been made to bring together the results of the investigations and to find out the points common to all. This Miss Richmond has done, and not only this. She has tried to apply to social work the scientific method as it is applied in other fields. The result is a book which will be a great help to those who are actually making a "social diagnosis."

"Social diagnosis," says the author, "is the attempt to arrive at as exact a definition as possible of the social situation and personality of a given client," and its advantage over the more common term "investigation" lies in the fact "that from the first step it fixes the mind of the case worker upon the end in view."

Especially valuable are the chapters on social evidence, for here the author makes an application of legal methods to social work, emphasizing the fact that the reliability of evidence should be scrutinized as carefully as that of legal evidence by opposing counsel. On the other hand, evidence that would not be admitted in a court may be of immense value to the trained observer when taken in connection with other known facts.

Part II discusses the processes leading to diagnosis. These are, first of all, interviews with the individual (or "client," as Miss Richmond calls him), the client's family and relatives. In addition, evidence from medical sources, employers or school teachers, documents and records, must be collected and examined, compared and classified, in order to bring out essential facts.

In Part III, after a brief discussion of the questionnaire as a means of obtaining information, Miss Richmond takes up one of the most difficult problems connected with work of this kind—the variety of methods demanded by the presence of different disabilities—mental, physical, or social. Here the important thing to bear in mind is that “there are no short cuts in diagnosis. Between a clear conception of the things that are true of everybody, and an equally clear conception of the things that are true of that complex of human relations and experiences represented by an individual client, anything might be important, and there are few things that might not become, in certain circumstances, unimportant.”

The book is a very valuable one to all who are interested in individual, human lives. The chapter summaries, good index, and bibliography add much to its value to the student, and its attractiveness, typographically, is a source of pleasure to all readers.

J. F. M.

**HOME AND COMMUNITY HYGIENE.** By Jean Broadhurst. Philadelphia: Lippincott Company, 1918. 428 p.

This book is one of the home manuals published by the Lippincott Company under the general editorship of Dr. Benjamin R. Andrews, of Columbia.

The author, Dr. Jean Broadhurst, is Assistant Professor of Biology at Teachers College.

Dr. Broadhurst knows her subject and makes most interesting use of this knowledge. She approaches the discussion of community hygiene from the angle of the average citizen—not of the special student only, though her book may be used advantageously in the classroom—and presupposes his and her interest in bacteria, military hygiene, vital statistics, quarantine health administration, and several other phases of the whole task of public health.

In the endeavor to present an all-round view of the subject, it may seem that such important questions as tuberculosis and industrial diseases receive a somewhat sketchy treatment. However, this may perhaps be inevitable, and certainly the questions and suggestions at the close of various chapters tend to stimulate further interest in whatever topic is introduced.

Dr. Broadhurst's view is sane and modern enough to include at the proper points references to venereal diseases. These references, though

conservative, indicate an appreciation of the place of these long-avoided matters in any complete and frank discussion of public health.

In her preface the author says that the "book will fail in its purpose if it does not lead to increased practical application of the hygienic measures implied and recommended—both in the home and in the community." It seems hardly doubtful that such a result will follow the circulation of this manual, which, therefore, deserves the tribute given by Professor C. E. A. Winslow in the Introduction:—

Professor Broadhurst has performed an act of patriotic service in preparing a brief and popular but comprehensive and accurate statement of the things which we all ought to know in order to keep fit for our individual and collective parts in the world conflict and in the reconstruction that is to come after.

G. S.

**DISPENSARIES: THEIR MANAGEMENT AND DEVELOPMENT.** By Michael M. Davis, Jr., Ph.D., and Andrew R. Warner, M.D. New York: The Macmillan Company, 1918. 438 p.

This excellent volume will interest anyone engaged in social hygiene work, for venereal disease control and related social service is becoming increasingly centered in the public dispensary.

The opening chapters on the history of dispensaries take one entertainingly from the early beginnings of dispensaries, as strictly charitable institutions for the relief of individuals, through a period in which medical teaching was a prominent motive, to the growing concept of today that the dispensary is primarily a public health agency. Then looking to the near future the authors point out that there is a fourth motive looming in sight, the economic motive, which will express itself in the coördination, through the dispensary, of the practice of medicine with the purpose of making medical service better and available to all. The discussion of the purposes of the dispensary is characterized by wide vision and a deep interest in the welfare of the people as a whole. It leads to the authors' definition of a dispensary as "an institution which organizes the professional equipment and special skill of physicians for the diagnosis, treatment and prevention of disease among ambulatory patients."

Those who are interested directly in the organization or management of venereal disease dispensaries, or departments devoted to the treatment of these diseases in more general dispensaries, will profit by reading this book and then keeping it near for reference. The description

of methods of organizing and financing the work are most valuable. The discussion of pay clinics, follow-up systems, and public health dispensaries will interest all who are following the great advance of today in social hygiene.

W. A. S.

**MORALS AND MORALE.** By Luther H. Gulick, M.D. New York: Association Press, 1919. 192 p.

Morals and Morale, by Dr. Luther H. Gulick, is a posthumous book of a great leader in Y.M.C.A. work. It deals with the relations of morality to fighting efficiency. Although the book seems to lack strong logical arrangement, and although the style is rough and apparently hasty, some interesting facts are given regarding the efforts of the American Army in France to protect itself from vice and venereal disease. The work of the Y.M.C.A. in France is described at considerable length, this being the real motive of the book. Of the one hundred and ninety-two pages, ninety-eight are given to a general discussion and the remainder of the book, roughly half, is made up of appendices. To some readers, no doubt, the appendices will be distinctly the most interesting part of the book. Mr. Raymond B. Fosdick, Chairman of the War Department Commission on Training Camp Activities, wrote the introduction to *Morals and Morale*.

W. C.

**A ROMANCE OF PHILANTHROPY.** Edited by William Alexander Coote and Miss A. Baker. London National Vigilance Association, 1916. 232 p.

This little volume is correctly described as "a record of the principal incidents of thirty years work of the National Vigilance Association" (England). There is nothing of romance or vision in the mere statement of the theme, but Mr. Coote traces the power and influence of the organization to visions and ventures which fully warrant the title of the book.

Mr. Coote tells of the genesis of the movement against white slavery. Back of these beginnings is seen something of the work and faith of Josephine Butler, whom Mr. Coote calls "the one great champion of morality at home and abroad." He was inspired by her great courage and purpose and gave himself to the cause about the time that Wm. T.

Stead and Mrs. (General) Booth joined Mrs. Butler in the work of emancipation. Mr. Coote tells of a vision which "called him to visit every capital in Europe" to seek the aid of persons of power in an international movement against white slavery. With varied experience, he secured pledges from persons of distinction, sometimes of royal or titled dignity and authority. This was the initial stage of a remarkable record of an organization, which in Great Britain alone is supported by many distinguished men and women.

One must read the story as it is told in this book, if an appreciative view of the work is desired. There is a practical suggestion in the story of successful objections to certain indecent shows and exhibits in London. Mr. Coote appeared in court or was represented by an attorney to oppose the renewal of the amusement licenses. The licenses were withheld, or granted only on promise to withdraw the objectionable features.

A unique event is recorded of a festival dinner under the leadership of the Earl of Aberdeen, held in the hall of "Lincoln's Inn," probably the most conservative institution of law in old London. This banquet, attended by leaders of high social circles, forms a striking contrast to the beginnings of thirty years earlier, when as a "voice in the desert" a woman cried with passionate eloquence against the infamy of "white slavery," and the press of her own country spoke of her in vile terms of insinuation against her motives and character. Surely this is "a romance."

W. B.

## NOTE AND COMMENT

*A Sequel to the Letter from Mr. Bok.* In the January number of "Social Hygiene" was published a letter from Mr. Edward Bok, editor of the *Ladies' Home Journal*, in which he made some very frank statements regarding prostitution in London. Mr. Bok's letter appeared in a London daily and he was supported by Mr. John Masefield. The *Literary Digest* for December 7, 1918, published the following article as a sequel to Mr. Bok's letter:—

Philadelphia and London have just been having a little tilt over their respective moral fitness for entertaining the soldier in his hours of leave. The net result, if we are to believe the accusations of both sides, would seem to indicate that the military man would better take his vacations in more innocuous thoroughfares—say of New York or Chicago? The row was apparently started by Mr. Bok, of *The Ladies' Home Journal*, who went to England with other American editors as the guest of the British nation to inspect at close hand the conduct of the war, and he is reported to have said some harsh things about the dangers confronting the American soldier when off duty in London. The *London Saturday Review* feels that the charges might come with better grace if America herself, and particularly Mr. Bok's own home town, were above suspicion on the score of public morals. First, however, we all have to take a cut of the lash from this well-known critic of everything American:—

"We cannot stay to explain the paradox of materialism and idealism, side by side in the forty-eight sociopolitical laboratories which make up the United States. There is scant respect for law, as the lynching records show and as President Wilson has lately bewailed with characteristic forthrightness. Divorce is notoriously common—witness the 'nisi-mills' of Reno, Nev., and Sioux Falls, S. D.

"Dynamite and 'guns' continue to figure in labor strikes. The white-slave traffic still thrives under the rose; and the boss in politics and business has an ethical code peculiar to himself, as the mere mention of Tammany Hall and the Standard Oil concern will recall to any American.

"For all that, the United States is the most aggressively moral nation upon earth; and now that her sons are swarming over to Europe in millions, she is gravely concerned for the welfare of their souls and bodies. Liquor and women—*voilà les ennemis!* President Wilson has issued paternal admonitions. Mrs. Wilson and Dr. Anna Shaw published a letter to their Allied sisters, respecting 'the protection of our sons at a time of unequaled temptation and danger.' General Pershing was bombarded with warnings, and he sent home reassurance through shoals of correspondents.



The Quartermaster-General in Washington (General Sharp) told the nation that the Commander-in-Chief in France 'is exercising every possible precaution to protect the officers and men of his command.'

"Now, there is nothing to laugh at in all this, however strange it may seem to our cynical adolescence. America is very young. . . .

"Here butts in Mr. Edward Bok, of *The Ladies' Home Journal*. Mr. Bok is aghast at 'the apparently uncontrolled solicitation of our boys by women on the London streets, and in hotel lobbies, lounges and restaurants.' It was the most disgraceful sight Mr. Bok had ever seen; and 'scores of amateur girls' lent a heinous touch to young America's impending damnation. Such a thing was inconceivable, Mr. Bok maintained, in the home cities, where all the 'red-light districts' were wiped out, and the women arrested or put to honest work.

"Protective zones were fixed around the American camps. But all this is of small avail if we send our soldiers, clean-blooded and strong-limbed, over here only to be poisoned and wrecked in the London streets . . . (and) morally crucified. It is unfair to them; it is unfair to the great cause for which we are fighting—it is certainly unfair to the American soldier." Mr. Bok was grieved to say all this (and much more) "while I am here as a guest of the British Government—it seems, in a way, discourteous."

"There was on our part no 'official' reply, because we are a silent and polite people, with no gust for acrimonious dispute with our invited guests. As a matter of fact, London is by far the most decent of all great cities, as every traveler and man of the world is aware."

If this mere recital does not carry its own refutation of the charges, *The Saturday Review* turns to American sources as Mr. Bok's best answerers:—

"A colleague of his own, Mr. W. C. Edgar, of the *Minneapolis Bellman*, dismissed the Bok sermon as 'hogwash,' *tout court*. 'I have been visiting London at intervals,' the Westerner pursues, 'for nearly thirty years, and in all my experience I have never found its street life so free of objectionable features of the kind described by Mr. Bok.' No American soldier needed a guardian after dark in London. And with that Mr. Edgar carried the war into the City of Brotherly Love. 'I was in Philadelphia, Mr. Bok's own delightful city, in May last.' It was then under martial law. 'Candor compels me to say that . . . the streets were more filled with courtezans, covertly, if not openly, plying their trade, than any of the streets of London I have seen.'

"It would be unkind to tell the whole truth about the City of Brotherly Love, which Mr. Bok contrasts so favorably with the British metropolis. But he cannot be unaware of its 'government by murder,' and the recent revelations which rivaled the most lurid of Tammany régimes in New York, and shocked the whole nation besides. We prefer to let a great American newspaper, like *The Sun*, tell the story in brief:—

"Philadelphia, long a seething caldron of factional politics, is now facing one of the most scandalous and astounding upheavals in her history as the result of the murder of a police detective in the "Bloody Ward" on primary-election day.

"The Mayor, Thomas B. Smith, Police-Lieutenant D. Bennett, and Isaac Deutsch, a political leader, are awaiting a hearing before the Criminal Division of the Municipal Court. Six gunmen, imported from New York, as tools in a gigantic plot to spread bloodshed and riot, to intimidate voters to vote illegally, and thereby swing the election for Deutsch, have thus far been arrested. The net is out for twenty-five other gunmen who were imported from New York and Newark; also for the thug leaders who marshaled them, and finally for the politicians and police officials who, it is said, connived to protect them, and even aided them in escaping from the city after the crime."

"Now as to vice. Here Philadelphia's accuser is Mr. Raymond B. Fosdick, the guardian of America's camp morals. Mr. Fosdick's report upon conditions in the City of Brotherly Love was so appalling that Secretary Daniels took drastic action owing to the flagrancy of 'the social evil and illegal liquor traffic.' But listen to the sweeping *peccavi* of the Philadelphia *Inquirer*, and you will agree that there is no more to be said: 'Philadelphia has multiplied its den of iniquity. Its streets are crowded with women of the underworld, liquor is being freely supplied behind the red lights, and by the "bootleg" process on the highways.

"Philadelphia is wide open. Gambling is prevalent, viciousness is running wild. Thieves and highwaymen stalk abroad . . . robberies are so frequent that they no longer provoke comment. Philadelphia has arrived at the stage where protection is afforded, not to the public—not to the troopers, the marines, and the jackies—but to the owners and managers of the vice-resorts. . . . Lawless police officials may pad their pocket-books by extracting greenbacks from criminals; that is only a feature. The system looks higher; it demands the support of the underworld for its candidates at the polls—and gets it!"

"Mark you, this is not our voice, but Philadelphia's own!"

—*The Literary Digest* for December 7, 1918.

*The Prevention of Venereal Disease Among Soldiers in England.* Under the Defense of the Realm Act, a regulation known as 40-D provides that "no woman who is suffering from venereal disease in a communicable form shall have sexual intercourse with any member of His Majesty's Forces or solicit or invite any member to have intercourse with her." This regulation has proved most difficult to carry out, due to the time elapsing between the inception of the disease in the man and the examination of the woman. Commenting on this, the *Lancet* states that in a large proportion of cases it has proved impossible to establish the existence of "venereal disease in a communicable form," although some of the women were demonstrably leading a disorderly life. It adds that a searching bacteriologic examination may fail to establish evidence of infection in cases in which clinically it is almost certainly present. This is in harmony with

the difficulty—according to some the impossibility—of curing gonorrhea in the female. Apart from the fact that the woman may be merely a carrier of infection without at any time clinically suffering, it may frequently happen that an infective spot is present in the genital tract beyond the reach of the most exhaustive examination. In other words, the coitus test is more delicate than the bacteriologic. Under the regulation, "a woman charged with an offense shall be remanded for the purpose of such medical examination as may be requisite for ascertaining whether she is suffering from such a disease," but as no examination suffices to ascertain the presence of infection, the *Lancet* considers that this discredits the regulation as a public health measure. Furthermore, difficulty may arise as to positive medical evidence. Even when the woman is shown to be infectious, the length of time between inception of the disease and examination may leave the physician in doubt as to which party infected the other. The *Lancet* further considers that the examination of a woman not for the purpose of treatment and therefore not in her own interest, is a legal measure that does not commend itself to the moral sense of the majority of the profession.

*Plans to Check Venereal Disease in England.* The National Council for Combating Venereal Diseases has brought forward proposals for meeting the danger of a large increase when the troops are demobilized. It urges that though great progress has been made in the campaign against venereal diseases, the results are lamentably inadequate, and unless strong measures are taken there will be grave danger to the public health. There will be about 300,000 men of the army and navy under treatment and infective on demobilization. The incidence of these diseases in the army, where instruction, treatment and discipline combine to reduce infection, is put at only two per cent; in the adult civilian population, where those influences do not obtain, it is estimated at nearly twenty per cent.

The Council makes these recommendations: 1. The Local Government Board should authorize the appointment of whole time venereal officers (a man and a woman) on the staffs of the medical officer of each county or county borough. The present hospital accommodation should be supplemented by special clinics under the supervision of such venereal officers in every town of more than ten thousand inhabitants, and also in the county boroughs, such clinics to be open for continuous and early treatment for both men and women. The

military authorities are asked to free immediately as many venereal specialists as the Local Government Board may require, in order that the time before demobilization may be used to establish the clinics to be available early in the new year. 2. Hospitals and medical schools should be requested to arrange special graduate courses for the training of medical women in the modern methods of treatment. A strong appeal is made to medical women to specialize in this subject. 3. Some means should be devised to encourage physicians to diagnose venereal disease in patients and to give early preventive treatment. 4. The army act should be so amended as to enable infective men to be retained pending the completion of treatment. 5. It should be made a statutory obligation for every individual suffering from venereal disease to obtain and to continue treatment until cured. 6. The Local Government Board should consider immediately whether some form of confidential notification of infective cases may be adopted under existing powers, and whether at a later date fresh powers may be obtained from Parliament to secure continuous treatment. 7. The minister of munitions should give instructions that all men and women working for national and controlled firms should receive adequate instruction from responsible physicians. 8. An adequate number of women police should be appointed, and the organization of voluntary women patrols should be increased. 9. Social organizations should increase their efforts to provide recreation under healthy conditions for the youth of the country, especially during the present period of rejoicing.—*Journal of the American Medical Association*, December 28, 1918.

*Venereal Disease Law for the Province of Alberta, Canada.* The Legislative Assembly of the Province of Alberta, Canada, has enacted the following comprehensive law on the prevention and treatment of venereal diseases:—

#### CHAPTER 50

#### *An Act for the Prevention of Venereal Diseases*

(Assented to April 13, 1918.)

HIS Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Alberta, enacts as follows:

1. This Act may be cited as "The Venereal Diseases Prevention Act."
2. In this Act—
  - (a) "Board" shall mean Provincial Board of Health;
  - (b) "Local board" shall mean Local Board of Health;

(c) "Prescribed" shall mean prescribed by this Act or by the regulations;

(d) "Regulations" shall mean regulations made under the authority of this Act or the Public Health Act;

(e) "Venereal disease" shall mean and include syphilis, gonorrhea and chancroid.

3. Whenever any person has been committed to a gaol or other place of detention upon conviction for an offense under *The Criminal Code* of Canada, or under any Act of the Province of Alberta, or under any regulation referred to in the next succeeding subsection, the provincial medical officer of health may physically examine or cause to be physically examined by a legally qualified medical practitioner such person, in order to ascertain whether such person is infected with venereal disease.

(2) Whenever any person is under arrest or in custody charged with an offense under *The Criminal Code* of Canada if the provincial medical officer of health believes or is credibly informed that such person is or may be or has been infected with or exposed to infection from venereal disease the said provincial medical officer of health may physically examine, or cause to be physically examined, such person in order to ascertain whether such person is infected with venereal disease.

(3) The method and extent of the examination authorized by this Act shall be such as to be effectual and may be as prescribed by the regulations.

(4) If, upon such examination it is found that the person examined is so infected the provincial medical officer of health shall give such directions for the treatment of the patient and, if necessary, for his detention and isolation, and the prevention of infection from him as may be deemed proper and as may be authorized by the regulations, and he is hereby empowered to do and authorize any act necessary to effect the carrying out of such treatment, detention, isolation and prevention, and it shall be the duty of every such patient to carry out such directions as to treatment and of every constable, gaoler, warden, superintendent and officer having the care and custody of any infected person in any place of detention or in any hospital to see that the directions of the provincial medical officer of health are duly carried out.

(5) It shall be the duty of every physician in medical charge of any gaol or place of detention, or of the inmates thereof, to report to the provincial medical officer of health the name and place of detention, whether before or after conviction of any person, whether included in the class mentioned in the preceding subsections or not, whom he suspects or believes to be suffering from venereal disease, such report to be made within twenty-four hours after the time of arrival of such person in the gaol or place of detention.

4. No report or certificate of any legally qualified medical practitioner given for the purposes of this Act bona fide and without negligence that any person is suffering from venereal disease shall render him liable to an action nor be admissible in evidence in any proceedings, civil or criminal, against such medical practitioner or be made the ground of any prosecution, action or suit against him.

5. The provincial medical officer of health, or a legally qualified medical practitioner appointed by him in writing for that purpose, may upon the request or with the consent in writing of the council of any municipality, enter in and upon any house, outhouse or premises situated within such municipality, for the purpose of making inquiry and examination with respect to the state of health of any person therein, and may cause any person found therein who is infected with any venereal disease to be removed to a hospital or some other proper place, or may give such directions as may prevent others being infected in the said house, outhouse or premises.

6. Every hospital receiving aid from the province under *The Hospitals Ordinance* shall provide accommodation satisfactory to the provincial medical officer of health for such persons suffering from venereal disease as may be assigned to it, and, in case of default, the whole or any part of such grants as would otherwise be payable may be withheld. The treatment for such persons shall be carried out under the terms and conditions set out in the regulations under this Act.

(2) The Lieutenant-Governor in Council shall have power to designate any hospital or other public institution or portion of any such hospital or institution under its jurisdiction or any house or building as a hospital or place of detention or isolation for the reception and treatment of any person suffering from venereal disease.

7. No person other than a legally qualified medical practitioner shall attend upon or prescribe for or supply or offer to supply any drug, medicine, appliance or treatment to or for a person suffering from venereal disease for the purpose of the alleviation or cure of such disease.

(2) Every person guilty of a contravention of Subsection 1 shall incur a penalty of not more than \$500.

(3) Subsection 1 of this section shall not apply to a registered pharmaceutical chemist who dispenses to a patient of a legally qualified medical practitioner the prescription of such practitioner, or who sells to any person any patent or proprietary or other medicine, drug or appliance approved of by the regulations for the cure or alleviation of venereal disease.

8. Every person who—

(a) Publishes or causes or allows to be published in a newspaper or magazine or other periodical publication any notice, advertisement, statement, testimonial, letter or other matter;

(b) Issues or publishes or causes to be issued or published any book, almanac, pamphlet, fly-sheet, document or other matter;

(c) Posts up or exhibits in any place so as to be visible to persons being in or passing along any street, highway, railway or public place, any notice, statement, advertisement, testimonial, letter or other matter;

(d) Distributes, circulates or delivers or sends by post to any person any pamphlet, circular, notice, statement, advertisement, testimonial, letter or other matter, intended to recommend or suggest the purchase of or to promote the sale of any article as a drug, medicine, appliance or instrument or as part of any treatment for the alleviation or cure of any venereal disease or of any disease or affection of the genito-urinary

organs or intended to convey an offer to give or prescribe any form of treatment for any of the aforesaid diseases; shall incur a penalty of not more than \$500, and in default of immediate payment thereof shall be imprisoned for a period not exceeding twelve months.

(2) Subsection 1 of this section shall not apply to any such article which has been approved by regulations nor to books, documents and papers or other matter published in good faith for the advancement of medical or surgical science.

9. Every person who—

(a) Contravenes any provision of this Act or of the Regulations for which no other penalty is provided by this Act;

(b) Willfully neglects or disobeys any order or direction lawfully given by the provincial medical officer of health or by the board under this Act or the regulations;

(c) Hinders, delays or obstructs any officer in the performance of his duties under this Act; or

(d) Without lawful authority publishes or discloses any proceedings taken under this Act or the regulations;

shall, where no other penalty or proceedings are prescribed or authorized, incur a penalty of not less than \$10 nor more than \$100, and in default of immediate payment shall be imprisoned for a period not exceeding three months.

10. All proceedings for the recovery of penalties under this Act, except those authorized by Section 7, shall be conducted *in camera*, and no report of any such proceedings shall be published.

11. Every person employed in the administration of this Act shall preserve secrecy with regard to all matters which may come to his knowledge in the course of such employment, and shall not communicate any such matter to any other person except in the performance of his duties under this Act, and in default he shall in addition to any other penalty forfeit his office or be dismissed from his employment.

12. The board, subject to the approval of the Lieutenant-Governor in Council, may make regulations—

(a) Declaring what shall be deemed to be lawful and proper methods and remedies for the treatment, alleviation and cure of venereal disease, and requiring all advertisements, statements, testimonials, letters or other matters of or regarding such methods and remedies to state the date and number of the official approval of the same and such other information as may be deemed desirable;

(b) Prescribing the course of conduct to be pursued by any person infected with venereal disease in order to effect a cure and to prevent the infection of other persons;

(c) For distributing to medical practitioners and hospitals such information as to the treatment, diet, and care of persons suffering from venereal disease;

(d) Prescribing rules for the treatment of such persons in hospitals, places of detention and other institutions;

- (e) For preventing the spread of infection from persons suffering from venereal disease;
  - (f) Requiring medical practitioners, hospital superintendents and heads of places of detention and public institutions to make reports upon the cases of venereal disease coming under their treatment or care, but without disclosing the name or address of any person suffering from venereal disease, and prescribing the form of such reports;
  - (g) Providing for the putting up of notices and placards dealing with venereal disease, its cause, manifestation, treatment, and cure in all public urinals and conveniences and similar places;
  - (h) Providing for public advertising and placarding of such information relative to the treatment and cure of venereal disease and the places where proper remedies can be obtained as may seem desirable;
  - (i) Imposing penalties for the violation of any provision of this Act or anything covered by this Act or any regulation;
  - (j) Generally for the carrying out of the provisions of this Act and for the prevention, treatment and cure of venereal disease;
  - (k) Prescribing the procedure to be adopted and the evidence to be required in case of an appeal to the board from any action or decision of a medical officer of health under this Act;
  - (l) Providing for the procedure relative to detention for the purpose of examination or cure or the prevention of infection, so as not to interfere with the course of justice in case of persons under arrest or in custody previous to trial for any offense committed against the provisions of this Act or anything therein authorized or under any other Statute or *The Criminal Code*.
- (2) The board, with the approval of the Lieutenant-Governor in Council may, out of any moneys appropriated by the Legislature for the purposes of the board, provide for the free distribution to such hospitals and institutions as are named in the regulations of any drugs, medicine, appliance or instruments which the board may deem useful or necessary for the alleviation, treatment or cure of venereal disease or the prevention of infection therefrom.
13. Every person who deems himself aggrieved by any action or decision of a medical officer of health under this Act may appeal therefrom to the board by giving notice in writing to the board and to the medical officer of health.
- (2) The board may require the appellant to furnish such information and evidence and to submit to such examination as may be prescribed or as the board may deem necessary to determine the matter in dispute.
- (3) The decision of the board shall be final.

*Venereal Disease in the Canal Zone.* The following is an excerpt from a very interesting report of the Health Department of the Panama Canal for the period April, May and June, 1918:—

The problem of greatest concern has been that presented by venereal diseases. For some years past this matter has been the subject of conferences



between this office and the military forces on the Zone and the Government of the Republic of Panama. The fact that the cities of Panama and Colon are within the exclusive sanitary jurisdiction of the United States and the police jurisdiction of Panama seriously complicated the matter. The alarming increase of these diseases among our soldiers and the utter neglect of the matter by the Panaman authorities forced the general commanding the department to issue a general order, which, in effect, was a quarantine against the terminal cities on account of venereal diseases, the widespread illicit sale of habit-forming drugs and alcohol abuse, and an incidental protest against the graft and incompetence that always accompanies these evils. Realizing that (1) land quarantines against disease are temporarily effective, but gradually are evaded so as to defeat their purpose, (2) the undesirability of an indefinite quarantine along an international boundary line between us and a friendly power and (3) that the cities of Panama and Colon can have no other health authority than his office, the chief health officer secured the acceptance by the Republic of Panama of a plan for the solution of the problem which retains their police supervision and our sanitary responsibility.

In Panama and Colon segregated districts have existed almost since American occupation of the Zone. More prostitutes are found outside of these districts than in them. Concubinage is as universal as in many other Latin peoples. Illicit intercourse is not hidden with the mock modesty characteristic of the English-speaking races, but is frankly accepted as a necessity and is considered neither an evil nor sin by anybody.

Although prostitution is forbidden in the Canal Zone, prostitutes are deported, and employees contracting venereal diseases are heavily penalized as fault cases, they have alternated with tuberculosis as the most common cause of hospital admission since malaria has been under control. Laboratory examinations, made at random, extending over several years, indicate syphilitic infection in a third of the population of the two cities.

In the States, legislation is frequently ahead of public opinion. It is then a dead letter until the people have been educated to it. In Panama sanitary regulations are at once enforced. If General Gorgas had waited for an educated public opinion to support him here, death would still be "lurking in every breeze."

The plan—to be operated, it is to be constantly remembered, in a smaller foreign, friendly country, consequently with its approval—differs from that in the States and in the Canal Zone, in that it frankly recognizes the existence and evil of prostitution and seeks to minimize these as long as they exist, will surely, though gradually, eradicate venereal disease. It will also, by its rigid enforcement and resulting increased knowledge, awaken a public conscience that will exact higher social standards so that the higher one we have set for our own people may seem desirable to these allies and friends of ours.

The public men of Panama are educated, traveled, and have a practical knowledge of our history and laws. They are familiar with our management of this matter in Manila. They refer to the situation in Honolulu. One of their foremost statesmen, at the first conference on the subject,

suggested that the ordinances of any American city selected by us be adopted by them, and then enforced just as we enforce them, their courts and ours being similarly ineffective in handling such matters with a view to the suppression of evil.

A Peckaniffian assumption of virtues which do not exist helps us to secure our aims at home, because it has always been a custom among Anglo-Saxons. It would only make us contemptible here. These people know that ninety per cent of the patrons of the prostitutes of Panama and Colon have been American soldiers, sailors, and civilians. We would have difficulty making them believe their lewd women are worse than our lewd men. Rigid enforcement of General Order No. 20 has kept our uniformed forces out of the cities. Its sympathetic support by the civil population of the Zone has kept away most of the other patrons of these women. The result is that this once thriving industry, recognized by law, and second only in numbers employed to the rum industry, upon which it is largely dependent, is rapidly being ruined. Without American male prostitutes, there is no paying demand for Panamanian female ones.

This decree is to become effective July 15. Every woman in the segregated districts, already decimated by General Order No. 20, and the clandestines, will be examined. All those infected will be treated in the Santo Tomas Hospital at the expense of the Republic of Panama. Every man applying for admission to the segregated district is examined by a physician, and, if diseased, required to submit to treatment in or out of the hospital, at the discretion of the health officer. Ten per cent of the men so far examined have been found infected and are now being treated, the indigent at public expense.

It will be noted that under this decree: (1) Any house owner renting to prostitutes is fined by the health officer, thus putting the burden of law enforcement on the house owners so that all clandestines must come to the restricted district, whence we send them to the hospital as often as reinfected; (2) no one but qualified physicians can treat venereal diseases. Druggists are forbidden to have in their possession patent medicines or other remedies for them, except such as are prescribed by physicians; (3) physicians are required to report all cases treated by them as in the plan approved in the States.

There are three ways of handling this matter:

First.—Request the abrogation of this decree and the issuance of a police decree enforceable in the courts of Panama making all vice criminal. Such a decree would be even more negligible as a factor in disease prevention here than in the States.

Second.—To carry on as at present, increasing the personnel of the health department, so this new activity will not endanger its routine work. This would require twelve medical officers, four of whom should be trained gynecologists or genito-urinary surgeons, and half or two-thirds of whom might well be experienced women physicians. Maintenance of patients would continue at the expense of Panama. Three additional sanitary inspectors are needed. About \$2,000 a month should be paid to Santo Tomas Hospital to help meet the expense of additional nurses and orderlies. An

expert supervisor of a reform farm and an assistant should be furnished by the United States. This program would cost between \$50,000 and \$75,000 a year, and would rapidly reduce venereal diseases.

Third.—To increase the personnel of the health department of the two cities so the decree may be enforced spasmodically and as opportunity offers, as in the States, in the meanwhile educating the public and hastening as far as possible the elimination of these diseases by the public themselves. The actual expenditure of money by the health department under such a plan would be about \$3,000 a month, but it will take a hundred years and tens of thousands times the money to accomplish the results that can be secured here within less than as many months.

The last alternative, and under existing conditions the only one we can adopt unless we can secure additional officers and money from Washington within sixty days, is to notify the Government of Panama that on account of lack of personnel and funds the chief health officer is unable to enforce the decree, issued at our request, after a year of conferences between our sanitary and military authorities and theirs, and that its execution be delayed, in the meantime keeping Americans out of the cities at night; to release the several hundred infected male and female prostitutes now in the hospitals under treatment, and permit them to resume the propagation of disease and allow these two cities "where every prospect pleases, and only man is vile," to remain as they now are, plague spots, centers of vice and its resulting diseases, remaining degenerate themselves in that lethargic but contented state we designate as "tropical morals" until we or they can furnish the money and the men necessary to so great an undertaking.

Further light is thrown upon the situation outlined in the report of the Health Department above, by the following newspaper comments from the Canal Zone:—

Cristobal, Canal Zone.—The following letter was published in the *Panama Morning Journal*, having been addressed to the American Chargé d'Affaires by General R. M. Blatchford. It speaks for itself. The liquor interests are probably going to do all possible to weaken General Blatchford's influence. People who are interested in improving the conditions here see only one way out of the situation—prohibition in Panama. His letter reads in part as follows:—

MY DEAR MR. GREENE:—

Your letter of August 21, inclosing copy of a letter from Mr. Nicanor H. de Obarrio in relation to saloons in the district of Chorrillo, Panama, is at hand, and in reply thereto will say that as far as the order to close canteens being temporary or permanent I have nothing to say, as this matter is entirely in the hands of the Panama Government. The military and naval forces will not be permitted to enter Panama until I know for a certainty that no soldier or sailor can, through clandestine methods, procure liquor or be otherwise exposed to vicious influences. These influences cannot be considered separately, as they are evils that go hand in hand, one

thriving upon the other, and none of them can be controlled until liquor is prohibited.

The moneyed men of Panama are primarily to blame for conditions in the cities of Panama and Colon, as the allied vices have been fostered and protected by them. The promise of more gain has induced them to rent buildings for such purposes, in preference to accepting less from legitimate business. If there is any real cleanup it must start with the property owners. They have not considered the crime and degradation which follow in the wake of these evils, but have simply considered the money side of it, not realizing the reaction that must come. Instead of cultivating and building up their country, which is rich in agriculture, where tropical fruits thrive, and whose acres can be turned into untold wealth, and taking advantage of the Panama Canal, into building their country into one of the greatest republics of Central and South America, they have sought to build up their country by pandering to human weakness and to thrive upon the degradation of man and woman. They must sooner or later realize that there can be no permanent or lasting prosperity on this basis, and that the only true and lasting prosperity that can come to any nation is through the manhood and womanhood of its people, and that any temporary prosperity built on any other basis is a delusion.

I have a deep and lasting interest in the welfare of Panama, and in the development of her agriculture and industries, in the establishment of her finances on a firm and sound basis, but before it can become such it must be divorced from liquor. As long as the principal revenues of a country are dependent upon liquor, there can be no prosperity, and the quicker the moneyed people of Panama realize this the better.

I will be glad to permit the soldiers and sailors to enter Panama any time that I can be absolutely certain that they cannot procure liquor, or be otherwise unnecessarily exposed to vicious influences, but until such time they must remain in the Canal Zone.

It is entirely in the hands of the cities of Panama and Colon as to when the soldiers will return to their cities, and no halfway measures will suffice.

I trust that you can make the matter clear to Mr. de Obarrio and assure him that the good of the soldiers and sailors under my command, and the prosperity of the Republic of Panama are the only motives that prompt me.

With best regards I am very sincerely yours,

(Signed) E. M. BLATCHFORD,

*Brigadier-General, Commanding.*

Panama, November 17.—With reference to his order restricting American soldiers in the Canal Zone from entering the cities of Panama and Colon and the assertion that these cities were like Sodom and Gomorrah, Brigadier-General Blatchford, commander of the United States forces here, today made the following statement:—

The statement is correct. My whole idea has been to guard the men of my command from alcoholism and the social evil in order that they might be fit soldiers for their part in the war. Now that hostilities have ended

I am determined to keep them from these evils, so that they may return to their homes as free from disease as when they came under my charge.

#### *Authorities Fail*

After months of trying to persuade the Panama authorities to assist in keeping my men healthy, I issued orders last May forbidding the soldiers to enter the cities. Since then decrees have been issued in Panama, restricting liquor selling and providing for health measures, but the low saloons continue to sell, and the persistent smuggling of liquor into the Canal Zone and its sale to soldiers convinced me that no real safeguards have been effected.

On the day the armistice was signed the cities witnessed scenes of drunken disorder quite unprecedented. That night I was speaking before an audience of several thousand Americans, among whom were hundreds of my men. I thought it was the proper time and place to emphasize the idea that the end of the war would not mean the end of the desire of the American people to guard their soldiers from such evils as the isthmian cities offer.

#### *Vigilance Unrelaxed*

So long as I command here vigilance in this respect will not be relaxed.

I feel the utmost friendliness for Panama and her people but I will not compromise with alcoholism and the social evil, whether in Panama or the United States. That is what my reference to Sodom and Gomorrah meant and that is where I stand.

*Defects in American Education Revealed by the War*, as discussed by Dr. Charles W. Eliot at Carnegie Hall, New York City, November 24, 1918, include not only illiteracy but the failure to detect and treat diseases and defects in children, and to instruct the public "in regard to diet, nutrition, housing, community cleanliness, and the medical means of controlling epidemics," as well as the neglect of ethical and spiritual training and discipline.

Of venereal disease Dr. Eliot says:—

The draft also revealed the prevalence of venereal disease among the civil population of the United States, both urban and rural, to a degree which has appalled the entire people. The War Department and the Navy Department at once set to work to treat venereal diseases within the Army and Navy and to prevent the spread of these terribly destructive diseases within the military and naval forces. The campaign conducted by both departments against these diseases in and about the barracks, camps, and cantonments of soldiers and sailors at home and abroad has had a prompt and large success. To maintain and develop this campaign against these highly communicable diseases after the war ceases will require large appropriations from the National Treasury and the maintenance of a considerable corps of public

health officers under the direction of the Division of Venereal Disease, which has already been created in the Treasury Department.

This public health service will need the coöperation of all American schools, churches, religious associations like the Young Men's and Young Women's Christian Associations, the Knights of Columbus, and the Jewish Welfare Board, hospitals, asylums, dispensaries, charitable organizations, and men's and women's clubs all over the United States. Prior to the outbreak of the great war in Europe this coöperation could not have been secured. Now it can be, because the American public sees that the venereal diseases can be permanently reduced or restricted only through the use of every possible educational influence which the entire community can exert. Among the agencies which the division already created in the Treasury Department proposes to use are the public libraries of the country, which are to be provided with lists of carefully selected books for parents of children between six and twelve years of age, for boys and girls who have not reached the age of puberty, and for young men and women, for engaged and married people, and for teachers and social workers. We shall owe to the war this permanent, national organization for the defense of modern society against the gravest dangers to which it is exposed. The American Government is the only one in the world which has undertaken thus far to defend modern society effectively against the scourges which punish with crushing severity lust, prostitution, and alcoholism in combination.

*The Annual Report of the Commission on Training Camp Activities.*  
In his report to the Secretary of War, Raymond B. Fosdick, Chairman of the War Department's Commission on Training Camp Activities, says:—

It has been our purpose to keep the man in uniform healthy and clean, physically and mentally, by safeguarding him against evil influences and surrounding him with opportunity for sane, beneficial occupation for his spare time. . . .

The commission has supervised the following organizations in their work at the camps and near-by communities: Young Men's Christian Association; Young Women's Christian Association; National Catholic War Council (Knights of Columbus); Jewish Welfare Board; War Camp Community Service; American Library Association; Salvation Army.

This organization found a twofold task confronting it: To keep the camps and the surrounding neighborhoods clean and free from vicious influences which would render the soldier mentally and physically unfit for military service; and to supply so far as could be done social and recreational facilities to replace in his new environment the normal conditions of life he enjoyed at home. Through its own force and the agencies of the allied organizations which already existed the commission attacked this task. . . .

Through the representatives of the Social Hygiene Division the soldier has been instructed in the advantages of personal hygiene and has been warned against the danger of sex disease, and taught to apply immediately

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The draft also revealed the prevalence of venereal disease among the civil population of the United States, both urban and rural, to a degree which has appalled the entire people. The War Department and the Navy Department at once set to work to treat venereal diseases within the Army and Navy and to prevent the spread of these terribly destructive diseases within the military and naval forces. The campaign conducted by both departments against these diseases in and about the barracks, camps, and cantonments of soldiers and sailors at home and abroad has had a prompt and large success. To maintain and develop this campaign against these highly communicable diseases after the war ceases will require large appropriations from the National Treasury and the maintenance of a considerable corps of public

health officers under the direction of the Division of Venereal Disease, which has already been created in the Treasury Department.

This public health service will need the coöperation of all American schools, churches, religious associations like the Young Men's and Young Women's Christian Associations, the Knights of Columbus, and the Jewish Welfare Board, hospitals, asylums, dispensaries, charitable organizations, and men's and women's clubs all over the United States. Prior to the outbreak of the great war in Europe this coöperation could not have been secured. Now it can be, because the American public sees that the venereal diseases can be permanently reduced or restricted only through the use of every possible educational influence which the entire community can exert. Among the agencies which the division already created in the Treasury Department proposes to use are the public libraries of the country, which are to be provided with lists of carefully selected books for parents of children between six and twelve years of age, for boys and girls who have not reached the age of puberty, and for young men and women, for engaged and married people, and for teachers and social workers. We shall owe to the war this permanent, national organization for the defense of modern society against the gravest dangers to which it is exposed. The American Government is the only one in the world which has undertaken thus far to defend modern society effectively against the scourges which punish with crushing severity lust, prostitution, and alcoholism in combination.

*The Annual Report of the Commission on Training Camp Activities.*  
In his report to the Secretary of War, Raymond B. Fosdick, Chairman of the War Department's Commission on Training Camp Activities, says:—

It has been our purpose to keep the man in uniform healthy and clean, physically and mentally, by safeguarding him against evil influences and surrounding him with opportunity for sane, beneficial occupation for his spare time. . . .

The commission has supervised the following organizations in their work at the camps and near-by communities: Young Men's Christian Association; Young Women's Christian Association; National Catholic War Council (Knights of Columbus); Jewish Welfare Board; War Camp Community Service; American Library Association; Salvation Army.

This organization found a twofold task confronting it: To keep the camps and the surrounding neighborhoods clean and free from vicious influences which would render the soldier mentally and physically unfit for military service; and to supply so far as could be done social and recreational facilities to replace in his new environment the normal conditions of life he enjoyed at home. Through its own force and the agencies of the allied organizations which already existed the commission attacked this task. . . .

Through the representatives of the Social Hygiene Division the soldier has been instructed in the advantages of personal hygiene and has been warned against the danger of sex disease, and taught to apply immediately



for prophylactic treatment to prevent it following exposure. This lesson has been presented to him by lectures, pamphlets, and moving pictures. Through the Law Enforcement Division he has been protected from liquor and prostitution by the closing of saloons and red-light districts in zones surrounding the camps. The illicit selling of liquor has been vigorously attacked and considerable success has been obtained in stamping it out. Prostitution has been suppressed to such an extent that the commission's reports indicate that there is not now a red-light district within five miles of any cantonment, military camp, or naval station.

Indeed, it is scarcely too much to say that the red-light district has practically ceased to exist as a feature of American city life. Moreover, through the detention of the former inmates of these districts in institutions where they will receive proper care, and through the providing of suitable occupation for those who physically might safely be set at large on parole, effort has been made to prevent their return to the old way of living and to make them permanently useful members of the community.

Besides the social and educational advantages furnished for the soldiers as a regular part of camp life at the Y. M. C. A. huts and the K. of C. and Jewish Welfare Board buildings, the Liberty Theaters have proved to be a valuable educational and social factor. They have been well equipped with scenery and stage mechanism for the production of regular theatrical performances, and at them high-class plays have been given by professional companies, musicians of recognized artistic standing have appeared, and there have been moving pictures selected from the latest releases, besides military films for instruction purposes. These theaters have served in a broad sense as town halls for the camps, always at the disposal of the commanding officer. Lectures have been given in them, instruction classes held, and meetings of the men conducted in them.

The value of athletic sports and exercises of various kinds as a means of promoting and maintaining military efficiency and morale had been well demonstrated by the English and Canadians before the United States entered the war.

The commission, influenced by this experience, undertook immediately after its organization an extended study of the physical training system that had been developed in the British armies, and made a careful inquiry as to the plans and facilities for similar work in the training camps for our new armies.

In carrying out this plan forty-four athletic directors and thirty boxing and special instructors were assigned to work in the camps. These men developed a comprehensive organization to encourage the largest possible number of soldiers to participate regularly in some form of athletic activity, both as a part of their program of military training and as a means of recreation during their off-duty hours.

The services of many of these athletic directors have proved so valuable in promoting the military efficiency of the soldiers by mass athletics, boxing, hand-to-hand fighting, and military callisthenics that a number of them have been recommended by their commanding officers to the War Department for

commissions as physical training officers, and the request has been made that they be permanently attached to the division for service abroad. These recommendations have been followed in a number of cases, and the men have been commissioned as captains and assigned to duty as physical training officers. . . .

The function of the social hygiene division is to inform the civilian and military population of the United States regarding the nature and prevention of venereal disease. The work is carried on by five sections: The Army Section; the Navy Section; the Section on Men's Work; the Section on Women's Work, and the Motion Picture Section.

The Army Section and the Navy Section are so closely related in methods and materials that they may be treated jointly. Their purpose is to give every soldier and sailor in the service of the United States such essential facts regarding the nature and prevention of venereal disease as will contribute to the protection of his health and to the efficiency of his services as a fighting man.

The activities of the Section on Men's Work begun in August, 1917, under the direction of the Council of National Defense, were transferred early in 1918 to the Commission on Training Camp Activities. More than fifty thousand letters have been written to citizens in seven hundred communities requesting them to investigate local conditions and to urge new legislation in support of the Government's program against vice and liquor. Whole-hearted assistance has been obtained throughout the country.

The Section on Women's Work was planned to meet a need which became evident after the Section on Men's Work had begun to arouse public opinion in the interests of the Government's social hygiene program. Its object is to enlist the special interest and support of women individually and in groups throughout the United States. . . .

The Motion Picture Section produces and circulates motion pictures which tell convincingly the story of venereal disease and the Government's program against it. "Fit to Fight," the first film produced by the section, has already had marked success. A new film entitled "The End of the Road" has just been completed for the Section on Women's Work. . . . The film is intended to present the problems of venereal disease, especially from the woman's point of view. . . .

*Law Enforcement Division.* The effort to control prostitution, as it affects the quality of human military material, in training and subject to call for service, has been intended to produce three separate and successive accomplishments which may be regarded as the capture of so many lines of defense.

The first line, the segregated red-light district, flaunting its invitation to vicious indulgence, resulting in disease and impairment of efficiency, has been overwhelmed. One hundred and ten separate districts in as many cities of the country have been closed and no longer menace the public health. There is today not a single red-light district within five miles of any cantonment, military camp, or naval station where any considerable number of soldiers or sailors are training, and it may also be said that through the efforts of this commission the red-light district has practically ceased to be a feature of American city life.

Driven from the brothel, the prostitute has sought to practice her profession in less convenient and more hazardous places, the hotel and the rooming house, luring her victim from the street, the café, the cabaret, and the dance halls. Organized effort of all law-enforcing agencies, stimulated and encouraged by the officers and field representatives of this section, has made marked progress in the attack upon this second line of defense. The prostitute is now being driven from this line into the open or third line. Reports from field representatives indicate that the present problem is chiefly that of automobile or taxi prostitution, both professional and semi-professional, the most difficult of all types to control.

Elimination of this type, as well as of the preceding disappearing type, lies in the eradication from the field of the prostitute herself, and this is at present the leading feature of municipal activity.

It has become increasingly difficult for the man in uniform to obtain liquor. Where saloons exist outside of the zones established by the regulations under Section 12 they have been compelled to deny liquor to him. "Bootlegging," as the only source of supply, has been made a hazardous occupation, and the amount of liquor reaching men in military training is diminishing from week to week. . . .

*Section on Women and Girls.* After six months of purely protective work it was found that the serious problem of the camp communities was the already delinquent women and girls; as a result the Committee on Protective Work for Girls, in April, 1918, changed its policy and became the Section on Women and Girls of the Law Enforcement Division.

The field workers assist the local representatives of the Section on Vice and Liquor Control in securing enforcement of laws against prostitution and street-walking. They see that examination and treatment for venereal disease are received by women arrested for violation of these laws. The most effective personal work has been that done with the young girl who has committed her first sex offense. If the girl can be reached at once she may be saved from a life of prostitution.

Work with delinquent women and girls has been discouraging because in most places there have been no facilities for separating the feeble-minded from the normal. Our workers are making every effort to secure competent psychologists and institutions for the feeble-minded.

Volunteers are being trained in every town to do patrol work. . . .

The Section on Reformatories and Houses of Detention has been in existence since the early part of April in this year. Its work has been to secure additional facilities for the custody and rehabilitation of women and girls whose commitment to an institution is found necessary. . . .

It is intended to make the detention houses established by this section real "clearing houses" where all young girls and women arrested, with the exception of hardened prostitutes and "repeaters," can be held while awaiting trial, instead of being held in jail. Here, under kindly management, receiving medical treatment when necessary, each individual case can have careful study, including mental tests—frequently made by the Army psychiatrist—and a plan of disposition of the case can be recommended to the judge. . . .

*A Blow at Patent Medicine and the Quacks.* The Owl Drug Company, a corporation operating twenty-six stores on the Pacific Coast and one each in Chicago, Minneapolis and Milwaukee, under an order effective December 1st, has discontinued the sale of all proprietary preparations used for the treatment of the venereal diseases except upon physicians' prescriptions. The company's salesmen are directed to hand to customers calling for such preparations an envelope containing the following circular:—

*Confidential*

The Government has asked our coöperation in a campaign to eradicate venereal diseases—gonorrhea, syphilis and the many terrible diseases called by other names.

We desire to help the Government and our patrons to combat these diseases, for we believe that most people fail to realize how serious and dangerous they really are. It is our aim to give you truthful and accurate information regarding their treatment, and in doing this our first recommendation is that you do not experiment with patent medicines and ready-made "treatments" that seldom do permanent good, and often lead to stricture, inflammation of the bladder, rheumatism, abscesses and other serious complications.

One of the worst causes of sickness is venereal diseases—gonorrhea (clap, dose, chordee, stricture) and syphilis (syph, pox).

You have heard of these diseases. They are very common. Because they are common, many people think they are not serious. You have heard that a "dose" is no worse than a bad cold and that a couple of "shots" of mercury will cure a case of "syph."

Yet these are two of the worst diseases known to man.

You've seen quack doctors' signs about "diseases of men." They are talking about clap and syphilis; but these diseases are just as much diseases of women, too. Most serious operations on the reproductive organs of women are due to them.

Clap and syphilis are also diseases of children. They make babies blind. They cause them to be born silly and half-witted, or crippled for life.

How about it—do you think they're not serious diseases?

Let's go a bit further. You've heard that clap and syphilis were easy to cure—George, the drug clerk, could fix a fellow up in a week or so, for a few dollars.

What is the real answer?

A case of clap, if taken early enough (a few days after the first signs) and treated by a good doctor, can be cured in from four to six weeks. But it's hard for even a good doctor sometimes to know whether a "dose" is really cured. The germs go back and lie low for weeks and, sometimes, for years, and then break out again unexpectedly, maybe after a fellow marries. Then they get to work on his wife.

When a fellow gets syphilis, he has a sure year of treatment ahead of him,

maybe two or three. Syphilis gets into the blood and eats into the body tissues. It takes a lot more than "a couple of shots of mercury" to get rid of it.

**WARNING!**—If you should happen to get one of these diseases, don't go to any quacks who advertise that they can cure them. These quacks are after your money; they will probably do you great harm.

Don't experiment with patent medicines but go immediately and consult a reliable, conscientious physician, who can intelligently and scientifically treat your individual case.

THE OWL DRUG CO.

The company has sent notification of its action to all physicians, hospitals, and health officers in the towns where it maintains stores, as well as to newspapers, medical and other periodicals.

*Statistics Concerning the Prevalence of Syphilis.*<sup>1</sup> Though the number of cases in a community is relatively small the disease assumes a social and economic importance out of all proportion to its frequency. As a result of syphilis from ten per cent to thirty per cent of all marriages among infected individuals remain sterile. About an equal number result only in abortions. Syphilis is by far the largest single factor in the cause of stillbirths (thirty to forty per cent), and the mortality among the living births of many syphilitic families varies from thirty per cent to eighty per cent. Death in a syphilitic infant is most frequently caused by an overwhelming infection, by causing a severe disturbance of nutrition, or by lowering the general resistance so that other infections are easily acquired and are quickly fatal. The various external manifestations of the disease in infancy are generally relatively unimportant except as an aid to diagnosis, and an indication of the severity of the infection. The mortality among syphilitic babies under one year in St. Louis clinic material has been about twenty-five per cent, nutrition being apparently the largest single factor in addition to the infection.

The primary point of attack in the prophylaxis of hereditary syphilis should be the adult carrier. The activities of the Federal Public Health Service incident to the present war will undoubtedly diminish the number of new infections among adults, and cause those already infected to be less of a menace. At least forty states are at present co-operating in this campaign against venereal disease, and the number will no doubt increase. The next more important point of attack is the syphilitic prospective mother. If such a mother is treated ade-

<sup>1</sup> From an address before the Ninth Annual Meeting, American Association for the Study and Prevention of Infant Mortality, Chicago, July 5, 1918.

quately throughout her pregnancy, there is a reasonable expectation that the infant will be healthy and free from syphilis. Such prophylaxis originates within the province of the Prenatal Clinic. The post-natal clinic is almost equally valuable in maintaining supervision of the supposedly healthy child of a syphilitic mother. It is also in the province of such a clinic to detect infantile syphilis in cases not previously suspected or under observation. For the families of a financial or social status unsuitable for a clinic, their physicians should stand in the same progressive and frank relation to them as the clinics to the less fortunate classes.

Once having diagnosed syphilis in an infant, it is imperative that the further supervision be delegated to one who is expert in both the treatment of syphilis and the management of the nutrition. Measures for the enforcement of treatment and continued observation are necessary in certain instances and are becoming more available in most communities.—Abstract from "Syphilis and its Relation to Infant Mortality," by Dr. P. C. Jeans.

*Venereal Disease in Chicago.* In a recent report to the Mayor of Chicago, the Commissioner of Health, Dr. John Dill Robertson, describes the work of his department with regard to venereal disease and its results; he says, in part:—

As you know, when I became Commissioner of Health, there was no ordinance requiring the reporting of venereal diseases. Practically every one I talked to at that time stated that no such ordinance could possibly pass the City Council. However, an ordinance was prepared, sent to the Health Committee, and there it remained for over six months; but during this period I was exerting all the influence which I had in various directions to obtain its passage.

The Chicago Medical Society passed resolutions against the ordinance and sent a committee before the Health Committee to talk against it. However, on June 29, 1917, an ordinance was passed by the City Council with but two votes against it.

While it is well known by all the physicians of the city of Chicago that there are large numbers of cases of venereal disease in Chicago, as well as everywhere else in the world, we had no means of reaching the individual with advice or with warnings to prevent his contaminating others. This is now provided by the ordinance, which contains an educational feature and a requirement for reporting each case, but without the individual's name and address.

The doctor must keep a record of each case treated, and in the event the afflicted one does not conduct himself in a manner which he deems proper, the name and address of the patient must be reported to the Health Department.

Since the ordinance went into effect a large number of cases have been reported, ranging from fifteen to fifty per day. But a great many doctors are not yet reporting their cases, although we have twice sent them notice to do so, once by mail and the second time by letter delivered by a police officer.

The next move was to notify the druggists to stop counter-prescribing. The claim of the physicians was that the patients would leave them and go to the druggist. We have had absolute coöperation from the druggists' organization; their journal published our warnings, so that when we sent out a large number of our inspectors to buy venereal disease remedies across the counter, we found but five per cent of the druggists would sell such remedies.

The next thing I did was to have torn down in public places and toilet rooms the "quack" advertisements of venereal disease nostrums. In all about 1,500 "quack" signs and advertisements were torn down, and over 3,500 educational posters were installed in various places.

A venereal disease clinic was then organized at the Iroquois Memorial Hospital. I employed Dr. Ben Reitmen, who is well acquainted with the slums of the city of Chicago, to go into all of the cheap lodging houses, saloons, pool rooms and other places where there might be diseased people who could not afford to employ a physician and invite these people to the evening clinic at the Iroquois Hospital. This clinic has been successful, and large numbers of patients are coming there daily. At this hospital since January 1, 1918, 3,307 people have had specimens taken for examination for venereal diseases.

We soon found that there should be some place where diseased women could be taken care of, especially those who were on the streets infecting men. It was decided that we should open the old contagious disease hospital for venereal diseases. It was possible to use this old hospital for this purpose because the Department of Health has successfully combatted all other contagious diseases until the hospital was empty. This is the first year in the history of Chicago that the hospital has been available.

This hospital at the present time is confining and treating about one hundred diseased women, who, if they were allowed to remain upon the streets of Chicago, would be a potential source of infection of a number of people each day.

The women confined in this hospital are not only given the best medical treatment possible, but are kept occupied so that this institution is being run at a minimum of expense. The expense does not exceed seven dollars per week per person. Every effort is being made to keep them from returning to their old occupation, and all possible is done to get them occupations as they leave the institution. The hospital thus becomes an educational factor not only in the lives of the girls treated therein, but also among those with whom they associate upon their release.

I cannot speak too highly of the intelligent, energetic work of Acting Chief Alcock in connection with the venereal disease phase of the vice question. Acting Chief Alcock called a conference of Judge Olson, Dr. W. A. Evans of the *Tribune*, Prosecuting Attorney Miller, an Assistant Corporation Counsel, a representative of the State's Attorney's office and myself months ago, and following this conference started a campaign of raids which have made it

possible for us to get hold of a large number of venereal disease cases. The Iroquois Hospital made examinations and took specimens of 1,535 persons taken in these raids.

The Health Department laboratory during the period from January 1 to September 1, 1918, has made 3,447 Wassermann tests for syphilis, 1,103 gonorrheal complement fixation tests, and has examined 1,837 pus smears for gonococci.

Another step which the Health Department takes is the placarding of any case which refuses to comply with our requirements. It is usually necessary for the placard to remain on the door only a few moments before the patient is ready to comply with instructions.

I feel justified in saying that the venereal disease situation in Chicago has improved by leaps and bounds. The fact that patients unable to pay may have a free Wassermann test made by the city laboratory, that they may receive free treatment at the Iroquois Hospital clinic, and that the Lawndale Hospital provides a place for the isolation of diseased women makes it impossible for any one to offer the excuse that they are unable to get diagnosis and treatment.

The women of the under world all know that we have gathered up thousands of their number, and they are using every effort not only to avoid the officers of the law, but to cure up the disease they have and to remain free from disease. Those who have been confined in the Lawndale Hospital help to disseminate knowledge of conditions to others of their kind, so that I feel justified in saying that at the present time Chicago has less venereal disease than ever in her history.

Practically every venereally diseased individual seeks a physician or a druggist. If the federal authorities desire to supplement the work of Chicago officials, I suggest that they serve an additional notice upon all doctors and druggists that all venereally diseased people must be reported. The full co-operation of the medical and pharmaceutical professions with the Department of Health in the matter of quarantine and treatment should result in a great lessening of venereal diseases. This quarantine need not necessarily be outside of the home, but the patient should be isolated just the same as for any other contagious disease. A few heavy fines by the federal government of individuals who infect others would put such a fear into the mass of those who have venereal diseases that a large percentage of new infections would be avoided.



*Venereal Diseases and Leprosy.* "There is no need for the United States Public Health Service to add anything to the somewhat hysterical comment that is evoked by the fact that John H. Early, the leper, is once more at large," says Surgeon General Rupert Blue.

"Just now the Public Health Service is dealing, by special mandate of Congress, under the Chamberlain-Kahn Act, with a plague that, far more easily communicable than leprosy, has to be stamped out of the nation. This is the plague of venereal diseases. A great percentage of



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I feel justified in saying that the venereal disease situation in Chicago has improved by leaps and bounds. The fact that patients unable to pay may have a free Wassermann test made by the city laboratory, that they may receive free treatment at the Iroquois Hospital clinic, and that the Lawndale Hospital provides a place for the isolation of diseased women makes it impossible for any one to offer the excuse that they are unable to get diagnosis and treatment.

The women of the under world all know that we have gathered up thousands of their number, and they are using every effort not only to avoid the officers of the law, but to cure up the disease they have and to remain free from disease. Those who have been confined in the Lawndale Hospital help to disseminate knowledge of conditions to others of their kind, so that I feel justified in saying that at the present time Chicago has less venereal disease than ever in her history.

Practically every venereally diseased individual seeks a physician or a druggist. If the federal authorities desire to supplement the work of Chicago officials, I suggest that they serve an additional notice upon all doctors and druggists that all venereally diseased people must be reported. The full cooperation of the medical and pharmaceutical professions with the Department of Health in the matter of quarantine and treatment should result in a great lessening of venereal diseases. This quarantine need not necessarily be outside of the home, but the patient should be isolated just the same as for any other contagious disease. A few heavy fines by the federal government of individuals who infect others would put such a fear into the mass of those who have venereal diseases that a large percentage of new infections would be avoided.



*Venereal Diseases and Leprosy.* "There is no need for the United States Public Health Service to add anything to the somewhat hysterical comment that is evoked by the fact that John H. Early, the leper, is once more at large," says Surgeon General Rupert Blue.

"Just now the Public Health Service is dealing, by special mandate of Congress, under the Chamberlain-Kahn Act, with a plague that, far more easily communicable than leprosy, has to be stamped out of the nation. This is the plague of venereal diseases. A great percentage of

the men taken into the Army and rendered inefficient by these diseases, brought their infection in from civil life, and just now we are bending every energy to clean up our civilian communities, by suppressing prostitution and preventing the spread of these diseases, so that by the time demobilization begins our returning soldiers will find their chances of reinfection lessened. Leprosy is a disease to be dreaded, no doubt of it, but because of the public's knowledge of its terrors, it is not a national menace as are the venereal diseases against which we are now making war."

*Keeping Fit for Peace as Well as War.* Secretary Daniels in a recent statement said:— "One of the compensations for the tragedy of war is the fact that an enlightened opinion is behind the organized campaign to protect the youth against venereal disease. It is worse than cancer, more deadly than tuberculosis, more loathsome than cholera. The campaign begun in war to insure the military fitness of men in fighting is quite as necessary to save men for civil efficiency. The national government, under authority of Congress, is undertaking this task in coöperation with the State authorities. The full coöperation and sympathetic working together of local, State and Federal agencies, backed by sound public sentiment, are needed in this holy campaign for that cleanness of living which alone insures clear thinking and physical excellence."

*The Message of Governor Thomas W. Bickett.* The biennial message of Governor T. W. Bickett, of North Carolina, is a plea for increased attention to the social education and health problems of the State. In urging the protection of the interests of children in the State he says:—

In camp and field our soldiers made the supreme sacrifice to save the ideals of this republic. It now behooves us to make every needful sacrifice to perpetuate these ideals in increased purity and power. The finest memorial we can build to our brave is a State that will rank as high over here as they did over there.

Our first thought in the building of this state should be the welfare of the children, for "the child is father to the man." Every child has a natural right to his father's protecting care. Neither the sins of the father nor the weakness of the mother can abridge in any degree this inherent right. It follows that every child has a right to know who his father is. The black letter law that a child can be a *nullius filius*, a son of nobody, is as base in morals as it is false in biology. Our whole law on this subject is antiquated and inadequate and should be wiped from the books. A new law should provide that when a child is born out of wedlock, it shall be the duty of the

local representative of the State Board of Public Welfare to bring a civil action in the name of the state of North Carolina upon the relations of the child for the purpose of locating and identifying the father. The action should be brought in the superior court, tried in solemn form before a judge and jury and the findings should be a permanent record in the archives of the court. The father thus located and identified should be charged with the maintenance and education of such child in precisely the same degree as if the child had been born in lawful wedlock. Such a child should not be made the heir of such a father, as this might lead to fraud and would be an injustice to the lawful mother and wife, but in all other respects the father should be made to carry the responsibilities of paternity and be indictable if he fails to do so. Such a law would not only be just for these sinless children of sin, but would have a wholesome tendency to reduce their number.

Every child has a natural right to a fair start.

The state is a party to an awful crime against childhood when it permits idiots and imbeciles to perpetuate their species. The law very properly forbids the marriage of these unfortunate creatures and it should be equally diligent in preventing their illicit increase. The state should take steps to render it impossible for any person adjudged by a competent board to be an incurable mental defective to transmit that infirmity to generations unborn; such a law would be the essence of humanity and of common sense.

Again the state is a party to a crime against womanhood when it permits a marriage license to be issued to a man afflicted with a contagious disease due to vice. The law should require a health certificate to be presented by every man who applies for a marriage license. The population in our hospitals for the insane is increasing so rapidly that it seems to be impossible for the state to erect buildings in which to keep them. A large percentage of these unfortunate creatures are the children of people who are themselves mental defectives, or whose blood has been tainted by vice. The only step to stop this muddy, murky current is at its source.

Every child has a natural right to have any mental or physical defect corrected, if it be in the power of medical or surgical skill. The incidental fact that the parents may not be able to pay for the necessary treatment, in no way affects the right of the child. The General Assembly of 1917 made a wholesome start in this direction by the enactment of Chapter 244, Public Laws of 1917, but the scope of that chapter should be greatly enlarged and the appropriation increased from ten to at least fifty thousand dollars per annum. We cannot claim to maintain an intelligent, much less Christian civilization, if a child is allowed to stagger through life under the handicap of a mental or physical infirmity for the want of a few dollars. Indeed it is an economical blunder for society to permit an adult to become a mental or physical derelict for want of proper surgical or medical treatment. It is cheaper to correct these infirmities than to pay for the upkeep of these derelicts in charitable institutions.

In addition to the physical examinations of public school children, there should be a compulsory course in physical culture maintained in every public school. Setting up exercises should be required every day just as they are in the training camps for the soldiers.

WAR DEPARTMENT,  
OFFICE OF THE SURGEON GENERAL,  
*Army Medical Museum and Library, Washington*

March 20, 1919.

MEMORANDUM FOR: Editors of Medical Periodicals.

As stated in the circular memoranda for Editors of Medical Publications issued by the Surgeon General's Office on March 27th and May 22, 1918, it is required by paragraph 423, Manual of the Medical Department, that all medical manuscripts by medical officers, U. S. Army, intended for publication shall be first submitted to the Surgeon General's Office, Washington, D. C., for approval. This regulation, which has been very courteously complied with, to date, is still in force as far as medical officers on active duty are concerned. In the case of medical officers recently retired from active duty, it is requested, as a courtesy to the Surgeon General and in aid of assembling material for the Medical History of the War, that all medical manuscripts based upon military or official records or upon military experience during the War, be submitted as heretofore, to the Secretary, Board of Publications, Surgeon General's Office, Washington, D. C., for record and approval, and that such MSS be accompanied by a carbon copy. Upon approval, the original copy will be forwarded to the journal designated, for publication, and the carbon will be filed in the records of the Medical History of the War.

For the Surgeon General:

(Signed) C. R. DARNALL,  
*Colonel, Medical Corps, U. S. A.,*  
*Executive Officer.*

## SOCIAL HYGIENE AND THE WAR

M. J. EXNER, M.D.

*Director of the Sex Education Bureau of The National War Work Council  
of the Young Men's Christian Association*

The work of the Young Men's Christian Association in the social hygiene program for the army and navy in the world war had its beginning in our country's military venture on the Mexican border. Undoubtedly to this border experience the War Department Commission on Training Camp Activities also owes its origin.

When our troops were mobilized on the Mexican border we were already in possession of many of the facts about the military waste and the moral wreckage which sexual immorality and its consequences had caused in European armies. Knowing border life as we did it appeared obvious that equally bad if not worse conditions would arise on the border if drastic steps were not taken to prevent them. Mr. Fletcher S. Brockman, Associate General Secretary of the International Committee and the writer, en route on a train out of New York, discussed the situation and decided that something must be done to set in motion forces to grapple with this problem. We knew that leaders of the American Social Hygiene Association were equally concerned. In conference with this organization it was decided that a deputation representing leading social hygiene interests should go to Washington to confer with the Secretary of War, Mr. Newton D. Baker, with reference to this military and social problem. In preparation for the proposed conference with Mr. Baker, the writer made a trip to Canada to gather available facts about moral conditions and military loss from the venereal diseases in the European armies. Upon his return a deputation representing the American Social Hygiene Association, the New York Bureau of Social Hygiene and the International Committee of Y. M. C. A.'s conferred with Mr. Baker at Washington and laid the facts before him. The



deputation found Mr. Baker seriously concerned about the welfare of the troops that were being sent to the border and he was very sympathetic to any constructive proposal. It was at the suggestion of this deputation that Mr. Baker availed himself at once of the services of Mr. Raymond B. Fosdick as investigator and advisor. Undoubtedly it was out of the relations of Mr. Fosdick to Mr. Baker in dealing with border conditions that the War Department Commission on Training Camp Activities, with Mr. Fosdick as Chairman, was born.

Mr. Fosdick went to the border and studied conditions in all military camps and adjacent communities and made report to the Secretary of War. On the basis of this report Mr. Baker sent recommendations to the commanders with reference to dealing with prostitution. Had these instructions been generally carried out, the border experience in these matters would have been very different from what it came to be. It was, however, too much to expect that the old traditional view, that sex indulgence is to be taken for granted in the army because it is necessary or at least inevitable, should at once give place to the conviction that complete suppression of prostitution is feasible or desirable. Conditions on the border became about as bad as they could well be at all but a few of the camps. For the most part, commanders and medical officers were earnestly striving with the venereal disease problem but striving to minimize the consequences of immorality without seriously disturbing the cause. A few, however, had caught the idea of dealing with the cause and these made such a good job of cleaning up the environment, and with such happy results that it served as a most convincing demonstration of what could be done and it gave the lie to the "necessity" idea. The thorough studies of the problem made on the border, the convictions there formed and the demonstration of repressive and constructive measures made at a few points, served Mr. Baker as a basis for the comprehensive program of moral conservation later put into effect in America's world-war army, a program which has produced the cleanest army the world has ever seen, and which has set in motion forces and movements which are already

grappling aggressively and confidently with the world's most serious moral problems,—the problems which arise out of the sexual appeal.

The Sex Education Bureau of the International Committee undertook a program of sex education for the border troops by means of lectures and literature. Lecturers addressed the troops in all the camps on the border and in Mexico; 260,000 copies of the pamphlet, "Friend or Enemy," prepared by the writer, were distributed, and selected sex education books were circulated in connection with the Y. M. C. A. hut libraries. So far as we know this was the first definite social hygiene program undertaken in an American army.

In connection with his own lecture work in the camps of the border, and in Mexico, the writer made a careful study of vice conditions in the environment of all military camps. This survey was made some months after the survey of Mr. Fosdick, when on the one hand vice interests had become more fully established, and on the other hand the effect of the restrictive measures employed at a few points, and the effect of the army's system of prophylaxis had become more fully manifest.

Our study and experience on the border forced upon us some strong convictions which led us to determine to do all in our power to help bring about a different army and community policy with regard to the problem of prostitution. While our efforts in sex education met with the most cordial response on the part of officers and men we saw that any educational program, no matter how good or how comprehensive, stood little chance of accomplishing permanent results so long as vice in its most lurid forms was permitted to flaunt itself under the very noses of men already under the excessive moral strain incident to army mobilization. It became obvious that the first step necessary was to repress prostitution in every way possible and to secure an environment free from excessive temptation. We were convinced that, in view of the deep-rooted "necessity" tradition prevalent in military circles and the aggressive character of the vice interests, it was impossible to bring about such an environment, unless the safeguarding of the army became as

definite a policy of the War Department and as rigorously enforced as its policy of training the soldier in methods of warfare or of providing munitions and commissariat. We were also convinced that if the American public knew the facts about conditions as they existed on the border, public opinion would force a change. We therefore published a frank statement of the facts as we had observed them in an article in *SOCIAL HYGIENE* entitled "Prostitution in its Relation to the Army on the Mexican Border."

This article was published at the time of our entering the European war, when parents all over the land were facing the likelihood of their sons going to war. The article aroused, therefore, deep feeling and a strong demand for protective action. Parents said, "If this is what our sons are going into, something must be done." It was at this time that Mr. Baker and Mr. Fosdick were endeavoring to secure the legislative action which was later embodied in Sections 12 and 13 of the Selective Service Act empowering the President and the Secretary of War to deal adequately with this problem. The pressure of an aroused public opinion was of distinct service in securing this legislation.

In May, 1917, when the Commission on Training Camp Activities had been organized, its chairman, Mr. Fosdick, requested that the War Work Council of the Y. M. C. A. undertake a program of sex education in the army similar to that which had been used on the Mexican border. The War Work Council accepted the responsibility, and its Sex Education Bureau quickly got a program under way both for the Army and the Navy. Our first step was to provide sex education lectures and literature. We were fortunate to have the pamphlet "Friend or Enemy," the usefulness of which had been demonstrated on the border. Within a short time we had ready a half million copies of this pamphlet and its distribution was begun through our organization which extended to all camps.

"Friend or Enemy" was the first of the long series of pam-

phlets which have since been written specially for the soldiers and sailors, by various agencies.

Our lecturers have heard from thousands of soldiers expressions of appreciation of the helpfulness of this pamphlet. Many of these expressions are deeply touching. We have received and continue to receive very many letters of appreciation of the pamphlet from men in the ranks, from officers and from Y. M. C. A. secretaries. One commander after reading it, requested ten thousand copies, to distribute officially to each man in his command. Many other commanders have done the same. One of the best evidences of how the pamphlet is valued by the men is the fact that of the large number of copies which have been distributed, very few have been thrown away. They have been retained for rereading, for passing on to comrades, or for sending home to friends. The same is, in general, true of the subsequent pamphlets which we have used. Up to the present 2,700,000 copies of "Friend or Enemy" have been printed and these have nearly all been distributed.

In brief pamphlet literature, the big questions of sex cannot be adequately treated. It serves to arouse in the minds of many men a desire for fuller knowledge. To supply this we placed on separate shelves in the hut libraries, twenty-five copies of each of the following books:—"The Rational Sex Life for Men," by the writer, Exner; "Life's Clinic," by E. H. Hooker; "The Dynamic of Manhood," by Dr. L. H. Gulick.

About 60,000 copies of these books have been used in the American forces in this country, England and France. There has been a reason for the selection of these three books. "The Rational Sex Life" discusses fairly comprehensively the sex problems of young men as we have found them in extensive personal dealing with men; it suggests constructive help towards their solution; and its interpretation of the meaning and dignity of sex in life and in society serves to reconstruct sex thinking on higher levels.

"Life's Clinic" presents the individual, domestic and social consequences of the misuse of sex with dramatic force in a series of actual, typical life stories as they have come into the experience

of a woman physician who sees with a soul. In France, particularly, this book has been eagerly and widely read.

"The Dynamic of Manhood" presents a splendidly idealistic philosophy of sex in life which inspires to high ideals in the individual's most vital human relationships. The book is too "highbrow" for men of limited education but it has been very helpful to the more thoughtful men upon whom we must depend for the setting of right standards.

The circulation of these books has been systematically promoted. Attention has frequently been called to them in connection with large gatherings of soldiers. In some huts lantern slides showing pictures of the books and also of the pamphlets were used to advertise the literature in connection with the moving picture shows. In most huts where the circulation of these books received adequate attention, the seventy-five books were in circulation all the time and often there was a large waiting list.

One private after reading "The Rational Sex Life" proceeded to pass it out to his comrades for quick reading, making a mark in the back of the book for every man who read it. At the end of his allotted period he returned the book with forty marks in it. This is an instance typical of many.

After the pamphlet, "Friend or Enemy," got into use in the camps other pamphlets were added one by one. The pamphlet "The Nurse and the Knight," by Hervey Smith McCowan, has been the most popular of all our pamphlets. It is a love story dealing with the menace of the venereal diseases to military efficiency and to love, home and happiness. This pamphlet has served to emphasize the value of the appeal to wholesome sentiment in the social hygiene education of men in a way which we cannot disregard. When the manuscript was submitted to us we declined it, believing that it was oversentimental. The author printed some for his own use and sent copies to the secretaries in charge of our work in the six military departments. Soon urgent requests came to us for these pamphlets. Such was the demand that we finally printed the pamphlet with certain revisions. We sent 80,000 copies to one department

and they at once ordered 100,000 more saying that they were not only so eagerly sought that the men would steal them from each other when they could not get them, but that they were very effective in changing attitude, conviction and habit.

It was significant that the strongest demand for the pamphlet came from France. We were told that the farther the men got away from home the more forceful became the home appeal of the pamphlet.

"The Nurse and the Knight" was criticized by the "hard, cold facts" advocates as being "sentimental stuff" which should not be fed to virile men. We replied that the demand indicates a need. One said, "It is like the craving of children for candy. It is not wholesome." We replied that the craving of children for sweets expresses a vital need of their constitution. They can be overfed and therefore must be guided in this use of sweets but the need must be supplied. So these big, husky soldier children,—while they must not be fed on sentimental slush,—their response to wholesome romantic sentiment springs from an undercurrent of inherent manly idealism which runs strong in the lives of all normal men. It is the most hopeful constructive force in their life and must be wisely utilized. The proof of the pudding is in the eating. We found that no other pamphlet brought to our desk a larger volume of concrete evidence of its influence in actually changing the attitude and habits of men than this one. For a different reason we did stop the use of the pamphlet after one and a half million copies had been put out. The governmental social hygiene agencies had gradually come to a somewhat standardized treatment of the venereal diseases in literature, a treatment which should be plain with the facts but which should leave the case of the infected as hopeful as the facts permit. We were in entire accord with this principle, and the pamphlet not being quite true to the principle we discontinued its further use, even though the pamphlet had been approved by the Commission on Training Camp Activities. Many and strong have been the protests against its withdrawal.

The pamphlet "Don't Take a Chance" by Charles Larned

Robinson has also been very popular. It is a brief eight page pamphlet with a direct and forceful appeal written in the common language of the street so as to appeal to the men of limited intelligence or education as well as those who are better schooled. Such a pamphlet was much needed and it has been very useful. The fine picture in colors, on the front cover, of soldier, mother and child did much to enhance its popularity. Two million copies have been used.

A unique pamphlet entitled "The Stuff that Wins" was prepared by Dr. Luther H. Gulick after spending some time with the soldiers in the trenches in France. It appeals for clean living on the ground of fighting fitness. It makes use of the facts about the great change that has taken place in the last thirty years, in moral requirements and standards in athletics. He challenges the soldier to do as much for his country in straight living as the athlete does for his college or his team.

Since the signing of the armistice we have prepared a new pamphlet entitled "A Square Deal" in which we have tried to fit the appeal to the new needs which have arisen. This pamphlet is mainly a strong plea for the single standard of morals.

The following are typical expressions about the effectiveness of the literature used:—

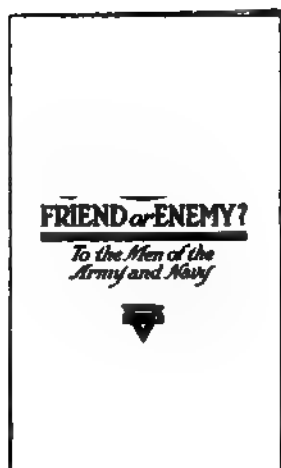
Dear Sir:

Tonight I found a copy of your booklet, "Friend or Enemy," in my barracks and read it through. I have never read anything on this subject which has so impressed me by its wonderful portrayal in regard to one's ideals. What I have read tonight will help me in the fight, which is real indeed. I am merely one of many atoms, but I express to you my appreciation of the good you are trying to accomplish. Your words have helped me to fuller realize what ideals really should be, and that ideals are concrete and not abstract. The ideal you are trying to instil is, I believe, the noblest of all ideals.

Most sincerely,

---

(Air Mechanic.)



FOUR OF THE Y. M. C. A. BOOKLETS



**Two Y. M. C. A. Exhibits**

**These are printed in two colors on cards 22 x 28 inches in size.  
They are shown here mounted on metal display fixtures**

File No. 68.

203RD AERO CONSTRUCTION SQUADRON  
LANGLEY FIELD  
HAMPTON, VA.

Jan. 15, 1919.

*From:* C. O. 203rd Aer. Const. Sqdn.

*To:* Educational Bureau, International Committee,  
Young Men's Christian Association,  
124 E. 28th Street, New York City.

*Subject:* "Friend or Enemy."

1. This organization has an enlisted personnel of 154 men, and also has twelve officers. It is felt that your little booklet, "Friend or Enemy," by M. J. Exner, M.D., should be in the possession of everyone in the command.

2. It is therefore requested that this squadron be furnished with 166 copies of this publication, which will be distributed individually so that each booklet will be placed in personal use. In this way, considerable benefit to the organization, individually and collectively, is assured. If this request can be granted, it will be greatly appreciated.

---

1st Lieut. Sig. R.C.A.S.  
Commanding Sqdn.

#### AN INCIDENT

Stopped into the hut on Boston Common yesterday and watched a sailor boy reading "Don't Take a Chance." I was far enough away from him not to be observed, and picking up a copy myself turned to the same page he was reading on, and followed him as he read. When he came to the end of the story he put the booklet aside and absently picked up something else to read, but after glancing at it kept gazing off into space. I noticed that his eyes were moist, and introduced myself by saying that I was interested in the very booklet he had been reading, and wondered what he thought of it. His answer was, "All I got to say is that I wish to God I had read this thing six weeks ago; that would be two weeks before I started to go to see the doctor regularly." He then went on to tell me that he was being taken care of by his personal physician, and had the O. K. of his ship's doctor on this, who by the way had encouraged him by telling him that he had a fifty-fifty chance of being entirely cured.

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Permit us to send you the following regarding "Don't Take a Chance," from one of our secretaries working in the Hospital Unit:—

"Day before yesterday I took several with me to one of the venereal wards. They were literally gobbled up, and while I was having an interview with one of the patients I heard one of the boys to whom I had given one read it from beginning to end to a group of at least a dozen. It is straight dope, gets by with the men wonderfully, and I believe does a great deal of good."

A WORD FROM OUR ASSOCIATE, "THE NURSE AND THE KNIGHT"

One afternoon, when we had been at sea a few days, we had a visit from the Chaplain. He seemed very much interested in looking over our paraphernalia and literature and in hearing about our work.

When leaving, we asked if he had ever read "The Nurse and the Knight," and when he replied "No," we handed him a copy, at the same time reminding him that we had a supply which we hoped he would make use of at any time.

Some days later the Chaplain again called on us and said, "I have read the little booklet 'The Nurse and the Knight' and find it the finest thing of its kind I have ever seen; please give me half-dozen copies, for I know some officers who should read it." He told me that he had that morning overheard a conversation between some of the army officers which was very uncomplimentary to French women, and boasting of what they would do during their sojourn in France.

Later we learned that the Chaplain had placed all of the little booklets, and had had a confession from one of the officers saying that as soon as he had read the pamphlet he had gone to his stateroom, had taken from his locker supplies which he provided and had thrown them overboard, then and there resolving that he would return from France to his family and friends, the same clean man that he was when he left.

(Signed) \_\_\_\_\_

Dear Dr. Exner:

Will it be possible for me to secure five more dozen of your book, "The Rational Sex Life?" If this is possible, please send them to me at once.

The book is "going big" down here, and is the most popular book in this camp. The boys just gobble it up. The book is let out for a few days at a time, and it is the hardest kind of work to get enough

of them, so if you will send me five dozen, I am sure that they will be put to very good use.

Very respectfully yours,

---

You will be interested to know that one secretary reports that a soldier who borrowed a copy of your book stated that there were fifteen other soldiers waiting for their turn to read the book.

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The social hygiene exhibits which have been used during the war have demonstrated the value of illustrated or visualized social hygiene teaching. We used the exhibit prepared by the Oregon Social Hygiene Society, somewhat modified, consisting of thirty-six cards, 22 by 28 inches in size, printed in two colors and illustrated with half tone and color prints. At first the cards were displayed on the walls of the huts. This required a great deal of space and the exhibit tended to become monotonous and had to be removed. We then had made a steel display fixture with wings swinging in a frame which could be attached to the wall or a post. In this way the exhibit required but little space, it received more thoughtful attention and it could be kept on permanent display. This exhibit and that of the American Social Hygiene Association were so different in character that one supplemented the other.

The exhibit proved to be so effective that we were led to use it in larger quantities than we had planned. We placed one exhibit with display fixture in each Y. M. C. A. hut. Eight hundred and eighty-five exhibits have been used. The following are typical comments on the usefulness of the exhibit:—

The Oregon Social Hygiene Exhibit, in use at all the huts, has done an excellent service. During the epidemic of influenza, when men were forbidden to gather in groups, the exhibit in every hut I visited was being studied constantly.

We know of a number of instances where the card in the Sex Hygiene series which reads, "Have you any right to go to the marriage altar demanding honor and purity in the girl you expect to marry unless you are willing to offer her a clean life?" has had a striking effect.

Just recently a sergeant, having read the card, which was posted in one of our buildings, came to the building secretary and said, "I have been thinking over the contents of that card for several days, and in the light of what has happened to me I have decided to write to my fiancée and release her from all obligations to me because I am not fit to marry her." He is a very honorable young man, in spite of the fact that he may have made a very grievous mistake.

Can you not have this card printed in large quantities in convenient size to be handed out to the boys? We believe that it is one of the most effective of the whole series, and our men here would like to use it.

Another feature of our program was the use of specially designed art posters, bearing appealing messages. The most effective of these was the one bearing the poem "You—In Her Thoughts" by Ella Wheeler Wilcox, handsomely illustrated. This poster was especially popular in France and was much desired for personal possession.

The poster, "Mother Mine," has also been very effective. The mother picture was specially drawn for the poster by Miss Zadie Morrison and the poem written for it by Mrs. Ethel Fairmont Snyder. The posters were displayed in the huts, barracks, mess halls, hospitals, etc.

Another feature of our program has been the use of special moving picture films. We have not attempted to use "Fit to Fight" and "The End of the Road" in the camps in this country since the Commission on Training Camp Activities used them officially with required attendance. We did not wish to duplicate work. We have, however, used three "Fit to Fight" films and seven "The End of the Road" films in France, where they have made a deep impression. As the basis of our lectures to the Student Army Training Corps, we used the lecture film prepared by the Navy Department Commission on Training Camp Activities. Three of our lecturers have used the film "How Life Begins" as the basis of a lecture to the men in the camps. This splendid piece of scientific work has served not only to furnish needed information and to establish a respectful attitude toward the processes of reproduction but it has lent

### MOTHER-MINE

For such as YOU, dear mother-mine,  
I want to keep the road  
Where worthy men, clear-eyed and frank,  
Live by their honor code.  
I know, in that great mother heart,  
There is a sacred shrine,  
Where I, in all perfection live—  
Your boy! Dear mother-mine!  
I must be strong, I must be clean,  
In mind and body, too—  
My debt to all posterity  
And women such as YOU.

—Fairmont Snyder



### A RECENT POSTER

**ADVA**  
(for PC)

It shows  
It shows  
It shows  
It shows  
It shows  
It displays  
It is the  
It suggests  
It proves  
It soils the  
It hangs  
It robs you



12

**CUT IT OUT !**

TWO TYPES OF POSTERS ISSUED BY THE Y. M. C. A.

itself admirably to building upon it a strong appeal for clean living.

We began sex education lectures for the troops early in June, 1917, and rapidly increased the scope of the work as the need grew. In July, eight lecturers were giving all of their time to work in the camps and others were added later. The following men comprised our first camp lecture staff:—

Dr. James Naismith, Director of Physical Education at the University of Kansas.

Dr. F. N. Seerley, Dean of the Y. M. C. A. College at Springfield, Mass.; one of the early pioneers in sex education.

Dr. W. S. Hall, Professor of Physiology, Northwestern University Medical School, lecturer and writer on sex subjects.

Dr. H. T. Morrison, Springfield, Illinois.

Prof. Norman F. Coleman, Reed College, Portland, Oregon; President of the Oregon Social Hygiene Society.

Rev. Harry F. Burns, Chicago, Illinois.

Rev. Clement G. Clarke, Chicago, Illinois.

Prof. A. M. Trawick, Secretary for Social Service, International Committee of the Y. M. C. A.

Mr. H. L. Heinzman, Student Department, International Committee, Y. M. C. A.

Captain Lee Alexander Stone, Memphis, Tennessee.

These lecturers were all tried and experienced men and their lectures were greatly appreciated both by men and officers. This was manifested not only by the usual demonstrations of approval but more by the large and eager groups which gathered about the lecturers, often keeping the speakers busy for hours, and by the great demand for personal interviews for help on personal sex problems. So great was the demand for such personal help that the strength of the lecturers was often taxed to the utmost. We can give here but a few typical evidences of the effectiveness of this work.

Camp Johnston, Fla., 4-20-18.

Dear Dr. Exner:

Just a few words regarding the lectures of Dr. ———, who has been with us for the past week.



The lectures given by Dr. ————— were given to practically every man in this camp. A memorandum order was issued calling the men out in the evenings after supper, and they were marched to the various spots where his lectures were to be given and the wonderful sight of seeing so many men in the open listening to him was very inspiring. After lecturing to the men in the open, Dr. ————— spoke at the different Y. M. C. A. buildings, and his talks here were changed to a question and answer lecture, which met great favor with the men. Of course the men wanted this, for they are very much interested in this subject, especially the manner in which Dr. ————— gives it.

If there is a man in this camp who failed to hear one of these lectures it was simply because he could not get there on account of imperative military duties. I have never seen a man who spoke to more men than Dr. —————, and you are to be congratulated for having such a noted lecturer to tour the camps of this country. He spoke to nearly every man in this camp, and there has never been a lecturer who spoke to half as many.

His lectures are of the constructive side of the sex life, and therefore of the greatest importance. They are interesting, and they never failed to hold the entire attention of the men. I doubt if his record of speaking to so many men will be equaled.

The officers attended the lectures with their men, and his talks made a deep impression upon them, which will go a long way toward making a better army.

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My Dear Mr. Exner:

I am writing to you to express my very great appreciation of the services rendered Camp Johnston by Dr. —————.

As you know, Dr. ————— spent one week with us lecturing two and three times a day to very large and appreciative audiences of soldiers. I take this opportunity to call your attention to the splendid results following his week's work. Since I have been in this service no greater impression has been made by any visitor than was made by Dr. —————. At the outset he gained the confidence and attention of the soldiers, and with each succeeding meeting this interest grew until near the close he had the opportunity of speaking at one or two gatherings of from four to five thousand men.

Dr. ————— speaks with splendid mastery of his subject, with

wonderful power and persuasive eloquence, and in a very sympathetic and clear manner. The results following his meetings I am sure will be far-reaching. Already I am finding the impressions he made are producing results. The manner in which he handles his subject appeals to the highest element in the men, and he invariably secures a response from them.

I want you to know of the great good Dr. \_\_\_\_\_ has accomplished at Camp Johnston, and to express to you my great appreciation that you included this Camp in the schedule of his visits.

With kindest regards and best wishes,

Faithfully yours,

\_\_\_\_\_  
*Camp Secretary.*

Dear Sir:

Dr. \_\_\_\_\_ has this day lectured before the members of the S. A. T. C. unit on Sex Life. Let me assure you that in many years of working with men as a Y. M. C. A. secretary and as a college teacher, I have heard no statement on this subject more clear and persuasive. He used no quack science, no horrible details, no offensive accusing. But the facts seemed to force themselves through his often reluctant mind into the minds of the men. His personality, too, supported his argument and illuminated the ideal he pictured.

He has made the approach easy for me to handle this question with any man in the unit, as occasion may call for personal interview.

Very truly yours,

\_\_\_\_\_  
In November, 1917, the Commission on Training Camp Activities organized its own Social Hygiene Instruction Division. Mr. Fosdick stated the reason for this step to be the fact that the need for and the helpfulness of social hygiene education in the army had now been so fully demonstrated, that it became desirable to do it officially on a still larger scale, with compulsory attendance upon lectures, so as to reach all of the men. It was felt that the War Department could not wisely do this work officially through a religious organization, such as the Young Men's Christian Association. In view of the many agencies which sought to press into the camps with social hygiene litera-

ture and other educational means, there was needed also an official agency with authority to censor, standardize, and co-ordinate these activities.

The Commission requested us to continue our educational program and to coördinate it with that of its Social Hygiene Instruction Division. Our lecturers and literature were officially approved.

After the Commission's new official lecture staff got fully into operation in addition to our lecture work, there developed all over the country an unfavorable reaction from the fact that men were lectured to too frequently. This violated a principle which we have long recognized, namely, that this work must not be overdone. We therefore withdrew all but three of our lecturers and these three gave lectures so distinctly different from those of the official staff that they in no way duplicated but supplemented the Commission's work. Two of our men lectured with the film "How Life Begins." Our sex education work in France was at this time greatly in need of more men so we sent some of our strongest lecturers to France. Capt. Lee A. Stone we loaned to the Commission for its official staff, we subsidizing his salary and paying his traveling expenses.

As soon as the protective and constructive measures for safeguarding the army in the United States had gotten under way we became concerned with the more difficult problem of safeguarding the army overseas. It seemed obvious to us that the real test of the whole moral conservation program would come in France; that if we failed to make safeguarding measures effective there, as we were doing in this country, the whole program would break down, for most of what we might gain in America would be lost overseas. In conference with the Commission on Training Camp Activities, we urged grappling with this problem promptly and aggressively. After a trip to Canada for the purpose of sounding the possibilities of coöperation on the part of the Allies, we suggested to the Commission lines of action. We urged that the United States Government take the initiative in attempting to secure the coöperation of the Allies in a common policy of control with reference to prostitu-

tion and its twin evil the liquor traffic. If this were found not to be feasible, we proposed that our government put into effect adequate measures for protecting our own army overseas and request the coöperation of military and civil authorities in enforcing these measures. It was in reviewing these suggestions that the Secretary of War, Mr. Baker, showed the spirit with which he has acted in this whole matter, when he said with feeling and emphasis: "I pledge my word to the mothers of America that their sons shall not be subjected to undue temptation either in America or in Europe."

In September, 1917, we sent Dr. James Naismith to France for the purpose of studying the social hygiene problem in the army in France and to develop a program of social hygiene education. We also shipped literature, exhibits and posters for his use. Dr. Naismith was well qualified for the task. He had given much study to the subject of social hygiene and had for years done successful work in sex education at the University of Kansas where he held the chair of physical education. As an army chaplain on the Mexican border, Dr. Naismith fought practically single-handed the vice interests and the officials of the community near which his camp was located until he won, having put the vice interests to rout and secured, against the most determined opposition, an injunction against an extensive crib system of prostitution as the building was nearing completion. He showed in this the same bulldog tenacity for which he was known when he played football against the big teams in the east in earlier days. In the face of great difficulties, Dr. Naismith and his staff of workers in France have accomplished a very effective piece of work, one which has had the complete endorsement and coöperation of the military authorities.

The work in France has taken the same general lines as the work in America, namely, lectures, literature, exhibits, posters and films. At the present time, Dr. Naismith has at work a staff of eight lecturers. Some of the strongest of these worked in the ports of debarkation, while troops were moving to France, reaching the men as they arrived. Now the men are again reached in the ports as they arrive preparatory to departure for



these discussions our staff in France prepared a bulletin entitled "The Basis of Clean Living." It outlines subjects for discussion so as to stimulate constructive thought. This is a very useful document.

We have used films more largely in France than in this country and they have all proven very useful. The following films are in use: six copies of "How Life Begins"; three copies of "Fit to Fight"; seven copies of "The End of the Road"; two copies of "A Day in the Gulick Camps."

Full records of this work in France are not yet at hand.

When the Student Army Training Corps were organized in the colleges and universities, we had already set up a program of sex education lectures for the colleges. We therefore offered to undertake for the Commission on Training Camp Activities the official lecture work, thereby saving the necessity of organizing new machinery for the purpose. The Commission accepted the proposal and made our lectures official, with attendance required. We secured an experienced and capable lecture staff for this important service, as follows:—

Dr. J. C. Litzenberg, of the medical faculty of the University of Minnesota.

Dean Charles Fordyce of the University of Nebraska.

Prof. Norman F. Coleman, President of the Oregon Social Hygiene Society.

Prof. A. M. Trawick, Social Service Secretary, International Committee Y. M. C. A.

Dr. William F. Newhall, Physical Director, Denver, Y. M. C. A.

Dr. T. W. Galloway, Beloit College, Beloit, Wisc.

Mr. Chas. E. Barker, Health Lecturer, Physical Department, International Committee of the Y. M. C. A.

In addition to the above speakers, Captain Eugene L. Swan and Captain Albert J. Read assisted in the work for short periods.

The influenza epidemic seriously interfered with this work in many states. In some states public gatherings were entirely prohibited. The lecturers were, however, kept busy. In the midst of this program the announcement was made that the S. A. T.

C. were to be demobilized. We continued our lecture program, however, without interruption, arranging with the college authorities for lectures to students, in institutions where the S. A. T. C. had already been disbanded. The following figures indicate the scope of the work done: states covered, 44; institutions reached, 304; lectures given, 375; total attendance on lectures, 158,835. A large amount of our social hygiene literature was distributed in the colleges for which statistics are not available since the distribution was made from the six department headquarters.

The Y. M. C. A. coöperated also with the law enforcement work of the Commission on Training Camp Activities. Our secretaries in all the camps were instructed to clear through the New York office all reports on unwholesome conditions that needed attention. These reports were sent to Mr. Fosdick who always gave them prompt attention.

The following statistics show in a measure the scope of the work done: lectures given, 1,754; total attendance, 1,361,065; pamphlets distributed, 7,200,000; books circulated, 60,000; sets of exhibits used, 885; posters used, 40,000; films used, 24.

The value of the social hygiene war work of the National War Work Council cannot be estimated apart from the whole comprehensive program promoted by the government. It must be reckoned one of the group of important factors which together have achieved so splendid a result. The full significance of it all cannot yet be appreciated. The following results of the government's program are, however, clearly manifest:—

1. It has produced the cleanest army the world has ever seen, in freedom from the venereal diseases and in clean living.
2. It has greatly advanced the movement for the conquest of gonorrhea and syphilis.
3. It has committed our government to a policy and program of promoting the moral welfare of its army and civilian population.
4. It has brought about a new and most significant public attitude toward the social problems of sex, an attitude of

readiness to discuss these problems frankly and to deal with them constructively; of being no longer content with seeking to minimize the results of vice but striving to eliminate vice itself.

5. It has all but disposed of the question of a "sexual necessity." The government proceeded on the assumption that immorality is not necessary and the army and navy have demonstrated the correctness of the assumption.
6. It has dealt the death blow to segregated or tolerated prostitution in America and set other nations to serious thinking on these same problems.
7. It has very largely broken down the prejudice which existed against educating children and youths in matters of sex and has gotten under way very hopeful efforts towards making sex education an integral feature of the scheme of training and education for life. For instance, the present movement for bringing sensible sex education into the high school, fostered by the United States Public Health Service and the United States Bureau of Education, is meeting with very gratifying results.
8. It has secured the appropriation by the government and states of adequate funds for dealing with the social problems of sex in aggressive and constructive fashion.

These are great results.



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# Social Hygiene

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No. 3

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## G. H. Q. BULLETIN No. 54 ON THE VENEREAL PROBLEM<sup>1</sup>

SEALE HARRIS

*Lieutenant-Colonel, Medical Corps, U. S. A.*

It can be said without fear of contradiction that the morals of the soldiers of the American army are better than those of any army in the history of warfare. An annual venereal rate of 29 per thousand in the A. E. F., and 20 per thousand in the training camps in the United States, is unprecedented among soldiers, and so much better than that of the men who were drafted into the United States army that the regular army surgeons speak of the "depravity of civil life."

The record that has been made in the remarkable reduction of venereal diseases in the army has been brought about by the efforts of the medical department of the army with the active co-operation of the General Staff and the line officers who have control of the discipline of troops. Too much credit, however, cannot be given to the Commission on Training Camp Activities, headed by Mr. Fosdick, which has been of great assistance to the army in the intensive campaign of education to promote venereal prevention both among the soldiers and the civil population of the extra-cantonment zones in the United States.

While much has been accomplished in improving moral conditions in the army, and among the civil population all over the United States, there is still far too low a standard of morality in civil and military life, and therefore a higher venereal rate in

<sup>1</sup> Reprinted from *War Medicine*, Vol. II, pp. 1180-1189, January, 1919. *War Medicine* is published for the medical officers of the American Expeditionary Forces by the Bureau of Medical Publications of the American Red Cross.

both than should exist in this age of enlightenment. However, the wonderful improvement in the morality of our soldiers should encourage all right-thinking men to strive and hope for even higher standards of living, not only in the army, but among all the people of the United States.

Those who live in the past, "the old-timers," are still wont to say: "Young men are going to indulge in illicit sexual relations, and there is no use denying it, or trying to do anything to stop this age-long evil." Fortunately this class of reactionaries is growing smaller, and the progressive element, both among the laity and the medical profession, knows that a great deal has been done in practical venereal prophylaxis that has been based upon scientific facts and practical "commonsense" methods. They also realize that much greater effort is needed to protect the men and women of our country against the diseases that make soldiers unfit for fighting, fill insane asylums, shorten life, decrease birth-rates, and altogether cause more misery and poverty than any other class of diseases.

G. H. Q. Bulletin No. 54 shows that the United States army authorities have a rational viewpoint regarding venereal diseases, and that they understand the underlying causes. This Bulletin is an evidence of the fact that they are making an earnest effort to improve moral conditions among our soldiers. It will be far-reaching in its effect upon the morals of the men in the army; and its bearing upon the vice problem in civil life will be utilized for years to come in the anti-vice crusades in American cities, because it places the United States army squarely on record as recognizing the dangers of "regulated and inspected houses of prostitution."

#### VENUS AND BACCHUS

The relationship between alcohol and illicit sexual indulgence is recognized in G. H. Q. Bulletin No. 54, which says: "In the majority of cases drunkenness precedes and leads to exposure to venereal infection." Apropos of this is the remark that is credited to Sir William Osler: "Man worships at the shrine of Bacchus early in the evening; a few hours later he is enamored of Venus; and then he becomes a devotee of Mercury for two

years." Total abstinence from alcohol would seem to be the moral that should be drawn from these observations by such distinguished authorities. It is just as well to state facts and say that the wisest course for the American army officer or the private soldier of the American Expeditionary Forces to pursue is to abstain from wine and all other forms of alcoholic beverages, if he would resist the temptations that surround him and go back home "clean" and free from diseases which may not only interfere with his own happiness and usefulness, but which may destroy the health, and even the life, of the woman whom he will marry in the years to come, or the one whom he has already vowed to honor and protect.

In the early months of the war, American soldiers embarking from New York were granted permissions of one or two days to see the sights of America's greatest city. Venereal inspection was held before embarkation, and those soldiers infected were not allowed to sail. So many of them contracted venereal diseases in New York, which developed before or soon after their arrival in France, that the leave privilege was taken away from the soldiers passing through that port. There was a marked reduction in venereal diseases following this action of military expediency, which many thought a hardship, but which increased the number of soldiers available for fighting. Experience at the ports of France was the same as in New York.<sup>2</sup>

Observations regarding the incidence of venereal diseases among the American soldiers, particularly officers, has shown that Paris has been the source of infection for many men. On one occasion, nine officers spent one night in Paris. Seven of them contracted syphilis. A group of forty-five soldiers spent six hours in Paris and nine of them became infected with venereal diseases. These and many other similar incidents are vouched for by reliable medical officers. Men who become intoxicated neglect venereal prophylaxis, and the strangers in cities do not know where prophylactic stations may be found. It is a fact that in Paris, where young and sometimes older men "relax" after their ardu-

<sup>2</sup> *The Medical Bulletin*, published by the American Red Cross, May 1918, Vol. I, No. 7, pp. 497-498.

ous duties at the front, or in offices, the venereal rate is disgracefully high. These facts should be known to the men who visit this beautiful city. They should also be made to realize that in running unnecessary risks they may be *particeps criminis* in depriving others of the privilege of enjoying a visit to one of the most historic, as well as one of the most beautiful, cities of the world.

#### THE RESPONSIBILITY OF COMPANY COMMANDERS

Venereal prophylaxis is in reality as much of a problem for the line officers as for medical men. If the commanding officers of various units lead clean, sober lives and enforce the army regulations, there will be a low venereal rate among the men under them. If they have loose morals and are lax in discipline, they will have high non-effective rates from this class of preventable disease. Illustrating this is an incident that occurred in one of the smaller cities of France. The number of men on "sick report" in one company of a certain regiment was much higher than that of other units in the same organization. When the report reached the Division Commander he sent out through regular military channels an enquiry as to the causes for this high venereal rate in this company. The Battalion Commander returned the letter endorsed as follows: "The cause of the high venereal rate in Company — has been discovered and the remedy applied. Captain Z has been removed and Captain A has been placed in charge. Company — will soon have a low non-effective rate from venereal disease." Subsequent reports showed that the venereal rate of this company depended largely upon the morals and discipline of its captain. To a great extent the responsibility of the morals of a unit rests with the commanding officer, and he should be held accountable for the loose discipline resulting in a high venereal rate among the men in his command.

#### VENEREAL DISEASES AND BIRTH RATES

The American soldiers (officers and privates) who have come to France represent the highest type of manhood in our country. They will be the fathers of the next generation of men and

women upon whom great responsibilities will fall, and they must make up for the loss of the gallant soldiers who have died in the service of their country in this war. American soldiers, therefore, have no right to run the risk of becoming infected with diseases that may reduce our birth rate, or which may be transmitted to the children with whom it is their duty to repopulate the land of their birth and pride.

The French regard their low birth rate as one of their most serious problems, and they fear a further reduction from the increase in venereal diseases that has occurred in the past four years. Thibierge, in his book *"Syphilis et l'Armée,"* published by Masson et Cie, Paris, 1917, quoting from Poutrier, says: "If one admits the very probable number of 200,000 cases of syphilis (in the French army) and attributes to each of these cases the production of only two abortions, he sees that syphilitic infections will cost 400,000 births, or the equivalent of two yearly classes of soldiers." This does not include the sterility due to salpingitis and orchitis from gonorrheal infection.

#### EDUCATION THE REMEDY

Medical officers in the American Expeditionary Forces should impart these facts, and others which they know regarding venereal diseases, to every soldier in each branch of the service. The same kind of a campaign of education should be carried on at home until every American man and boy has learned the truth, that the prostitute, whether registered or clandestine, either in France or in the United States, almost surely has syphilis or gonorrhea, or both; and that even though she may be a paragon of physical beauty, she is more dangerous to him than contact with a case of smallpox.

"Sexual continence is the plain duty of members of the A. E. F., both for the vigorous conduct of the war and for the clean health of the American people after the war." These are the plain and forceful words which the G. H. Q. Bulletin No. 54 uses. But, if men must give way to their sexual desires, this Bulletin says that they should follow the regulations regarding prophylaxis, which while not an absolute specific in preventing venereal diseases,



has done much to keep down the incidence of venereal diseases in the army.

G. H. Q. Bulletin No. 54 deserves, and no doubt will go down in history as one of the greatest military documents ever written. Its high moral tone makes it the kind of advice that a father would like to send to his son, and it will be so used in this and future generations. Every man in the army should be provided with a personal copy of this Bulletin, and he should also be given an extra copy to send to a son or brother back home. We consider it of such value as a contribution to preventive medicine that it is reproduced in the editorial columns of *War Medicine*.

#### THE MORAL SIDE

Now that peace has been declared and the work and tension of war are relaxed, it will be more difficult to maintain discipline among soldiers, many of whom still have the old idea that a good time and "seeing the town" consist of debauchery with wine and women. It is difficult for them to realize that one such night may result, ten, twenty or thirty years later, in apoplexy, nephritis, paresis or other form of insanity, and many other conditions which cut men off in the prime of life; but every doctor knows of many such cases.

Now is the time to read G. H. Q. Bulletin No. 54 to line officers and men, because it not only points out the dangers of illicit sexual indulgence, but it appeals to the higher sense of right and to the patriotism of the splendid young men who are in the armies of the American Expeditionary Forces. Medical officers, in performing their duty as instructors of personal hygiene in the army, should teach the soldiers in plain words the scientific facts regarding venereal disease, particularly its epidemiology, and they should also call attention to the degrading effects of associating and cohabiting with immoral women, whether prostitutes or not.

Burns, though he did not always "reck the reed" of his own wisdom, perhaps understood the emotions of men, or what is called "human nature," as well as any other poet. In his "Lines to a Young Friend" he brings out a thought which is worth while passing on to many young men now in France, who are away

from the restraining influences of home at a time in life when they most need the advice of their fathers.

"The sacred love o' well placed love  
Luxuriantly indulge it.  
But never tempt the illicit rove,  
Though nothing should divulge it.  
I wave the quantum o' the sin,  
The hazard o' concealing.  
But ach! It hardens s' within,  
And petrifies the feeling."

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G. H. Q.

AMERICAN EXPEDITIONARY FORCES

BULLETIN  
No. 54.

FRANCE, Aug. 7, 1918.

1. The disturbance of normal social conditions caused by war tends to a breakdown of moral standards and an increase of immorality and venereal disease. Verified statistics of actual experience in the present war show that a great danger of venereal infection confronts both the civil population and the army.

2. To combat this danger full dissemination of the facts about venereal disease and rigid enforcement of regulations are essential.

3. Attention of all members of the A. E. F. is directed to the information and regulations governing the prevention of venereal disease contained in G. O. Nos. 6, 34 and 77, 1917, and in this order. All officers will see that these regulations are completely understood and carried out throughout their commands. Failure in this will be serious evidence of inefficiency.

(A) *FACTS ABOUT VENEREAL DISEASE*

The greatest source of venereal infection is the "regulated and inspected" house of prostitution. The methods of inspection are grossly ineffective. The women in these resorts are *not* free from infection. They frequently stay daily with a score or more of men, each thus passing the infection from one man to those following him. There are numerous cases of soldiers contracting both syphilis and gonorrhea at these houses. The placing of "regulated" houses of prostitution "off limits" at one seaport reduced venereal infection to one-eighth the previous rate.

Venereal infection is highly prevalent among unregistered "clandestine" prostitutes, and exists to-day to an increasing degree in social classes hitherto

little suspected. The practice of illicit indulgence in sexual intercourse will almost inevitably lead to venereal infection sooner or later.

In the majority of cases drunkenness precedes and leads to exposure to venereal infection.

Failure to submit to prompt prophylaxis increases the percentage of incapacitating infection. The effectiveness of prophylaxis depends upon the promptness with which it is employed. Within the first hour the failures are only one-tenth of 1 per cent, second hour one-half of 1 per cent, and after three hours from  $1\frac{1}{2}$  to 7 per cent. The average rate of failure for the A. E. F. of 2 per cent indicates that in many organizations the *prompt* submission to prophylaxis is not enforced.

The methods of regulation adapted under the general orders referred to above have steadily reduced the venereal rate from 84 new cases per thousand men per year in 1916 to 29 in the A. E. F. to-day.

The contraction of venereal disease incapacitates for service and often produces permanent impairment of health. It is a breach of duty to the country, army and fellow soldier.

#### (B) CONTINENCE

Sexual continence is the plain duty of members of the A. E. F., both for the vigorous conduct of the war and for the clean health of the American people after the war. Sexual intercourse is *not* necessary for good health, and complete continence is wholly possible. Careful studies show that only a relatively small proportion of members of the A. E. F. habitually indulge in sexual intercourse.

Commanding officers will urge continence on all men of their commands as their duty as soldiers and the best training for the enforced sexual abstinence at the front. Instruction, work, drill, athletics and amusements will be used to the fullest extent in furthering the practice of continence.

#### (C) LEAVES

All night and week-end leaves are a fertile source of infection, multiplying contacts and delaying prophylaxis. Such leaves will be denied as much as possible.

#### (D) DRUNKENNESS

The provisions of existing orders relating to the sale of intoxicants to members of the A. E. F. will be uniformly and strictly enforced. Cases of drunkenness will be dealt with by prompt disciplinary action.

#### (E) PROPHYLAXIS

All means will be adopted to enforce the uniform and *early* use of prophylaxis.

#### (F) COURTS-MARTIAL

Courts-martial will be sufficiently severe in dealing with cases of venereal infection to deter men from wilful exposure. The records of all sen-

tences imposed will be carefully examined and compared, and lax courts and officers held strictly accountable.

(G) *TREATMENT*

The importance of early treatment is so great that officers will urge their men to report for examination on any suspicion of disease.

(H) *HOUSES OF PROSTITUTION*

Throughout the A. E. F. all houses of prostitution, as well as saloons indulging in the improper sale of intoxicants to members of the A. E. F., will be designated as "off limits." Commanding officers will adopt the necessary means and disciplinary measures to prevent soldiers from visiting them.

(I) *APPREHENSION OF CLANDESTINE PROSTITUTES*

By coöperation with the French police, military, and civil authorities, every effort will be made to repress clandestine prostitution and street walkers and employ every available means under the French law to have all such women sent away.

(J) *REPORTS*

Reports of condition, in contravention of the purposes of this order will be made by military police and all officers concerned.

4. The C. in C. enjoins upon all members of the A. E. F. the strictest observance of sexual continence. His position on this question is stated, as follows, in a letter appointing representatives to a British-American Conference on the subject:—

"I have heard with great satisfaction of the recent decision of the British War Office that the licensed houses of prostitution are to be put out of the bounds in the B. E. F. Many of us who have experimented with licensed prostitution or kindred measures, hoping thereby to minimize the physical evils, have been forced to the conclusion that . . . abolition as distinguished from regulation is the only effective mode of combating this age-long evil. I have the greatest hope that the results of the conference which you have called will be far-reaching in their effect. This menace to the young manhood in the army forces and to the health and future well-being of our peoples cannot be met by the efforts of each Government working apart from the others . . . The gravest responsibility rests on those to whom the parents of our soldiers have intrusted their sons to the battle, and we fail if we neglect any effort to safeguard them in every way.

"We have the common ground of humanity; we have the well considered conclusions of the best scientific minds on our side, and from the fact that, in this war of nations-in-arms, the soldier is merely a citizen on war service, we have all the elements which will force coöperation between military and civilian authorities. With our nations coöperating hand-in-hand, . . . we have the brightest prospects of winning the victory."

BY COMMAND OF GENERAL PERSHING:

OFFICIAL:

ROBERT C. DAVIS,  
*Adjutant General.*

JAMES W. McANDREW,  
*Chief of Staff.*

## THE QUEST OF HAPPINESS<sup>1</sup>

There is no real happiness that does not involve self-denial. So there never was unearned happiness, yet thousands there be in quest of it, and some have thought for the moment that they held it in their grasp.

Each pleasure that comes to us free from effort and free from responsibility turns into misery in our hands. Happiness comes from the normal exercise of life's functions in any grade, doing, thinking, fighting, overcoming, planning, loving. It is active, positive, strengthening. It does not burn out as it glows. Happiness leaves room for more happiness. Even war and strife make room for love. Love, too, is a positive word. Not love,—but loving. And loving brings happiness only as it works itself out into living action. The love that would end in no helping act and no purpose or responsibility is a mere torture of the mind.

DAVID STARR JORDAN

<sup>1</sup>*The Strength of Being Clean.* By DAVID STARR JORDAN. Boston: Beacon Press, c 1900.

**You kept fit  
and defeated the Hun**

30000

THE H.C. MINER LITHO. CO. N.Y.

POSTER ISSUED BY THE SURGEON GENERAL OF THE ARMY  
For use in camps and army buildings. The size of the original is about  
20 x 28 inches

POSTER ISSUED BY THE SURGEON GENERAL OF THE ARMY  
For use in camps and army buildings. The size of the original is about  
24 x 42 inches

## POLICE AND THE PUBLIC HEALTH

MAJOR RAYMOND W. PULLMAN

*Superintendent of Metropolitan Police, District of Columbia*

The time has come when the police departments of the country must do more than merely prevent and detect ordinary acts of crime. The primary police duty of preventing and detecting crime must be performed with ever-increasing efficiency, but at the same time all of us who are engaged in police service must enter into a broader field of activities and enter into whole-hearted and general coöperation with every agency which is striving to better conditions in the communities in which we live.

By working to better social conditions, either directly or in coöperation with other agencies, the police can achieve more in preventing and checking crime than can be estimated and shown by mere statistics. Any man knows that when a tough district in a city is cleaned up, for instance, and social conditions improve, the immediate result is that better order is established and crime consequently is greatly lessened.

With the exception of the American newspaper, the American police department, as an institution, is perhaps the greatest disseminating agency of public information in American cities. In every community thousands of men and women every hour of the day come in contact with policemen and either give to them or get from them information which has its bearing upon the affairs of their respective communities. The policeman will be stopped by a citizen and friend and asked what he may think of the clean city campaign which is starting, or what he may think of the attempts being made to break up some vice ring or a gang of gamblers, perhaps, which has been corrupting and attempting to control city politics. He may be asked what he thinks of the opportunity of a new health clinic or a new hospital for doing good in the community.



In each case the policeman by the manner of his answer, more perhaps than by what he actually says, indicates to the citizen whether he sympathizes with the persons who are trying to better conditions in the community or is on the side of those who are perhaps trying to corrupt city politics and to retard city progress. In a word, if the policeman is "right" on a subject he is one of the most powerful influences in the world for good; if he is wrong on a social subject, he is one of the most dangerous influences for bad. Surely, all of us here who are working to make our departments more progressive and more useful to the community want the individual policeman to become a greater and greater influence for good.

One of the most important problems faced in this country today is the improvement of the public health. Nothing is more important than the fight against preventable diseases. Human life is too much threatened every hour of every day throughout this great country of ours by diseases which should be under better control. Have you, for instance, ever thought of the seriousness of the presence of the millions of people in this United States who have infectious diseases which are preventable, and who are in many cases exposing healthy people to infection? Yes, you say, it is the duty of the city, state, and federal health services to attack this serious problem; but keep it uppermost in your mind that these agencies can do little unless there is the most active civilian coöperation, especially from trained and intelligent men like those included in the police departments of this country.

Excepting public health officials, the police can perhaps do more than any other body of men to prevent the spread of venereal diseases, sometimes called social diseases. The venereal disease problem is the most serious health problem of the nation; more serious than tuberculosis—any reputable and fair-minded physician will tell you this. In coöperating with city and state health departments and with the United States Public Health Service, police can do much to check the spread of venereal disease, and to see that infected persons are sent to clinics and hospitals and reputable physicians, and cured. You must

fight the faker, the quack doctor, the so-called museum of anatomy crook, run them out of your community, and get every person infected with a disease to consult a reputable physician and get cured.

More than 130 red-light districts have been closed in towns and cities throughout the United States during the period of the war. Much of this work was done at the suggestion of the Commission on Training Camp Activities of the War and Navy departments, commonly called the Fosdick Commission. Too much credit, in my opinion, cannot be given to that commission for its effective and splendid work. The President and the Secretary of War were fortunate in getting such a man as Raymond B. Fosdick to head up the organization, and Mr. Fosdick with the men in charge of the law enforcement work like Major Bascom Johnson and others have accomplished wonders. At the present time there are only a few segregated areas in the United States known as the red-light districts. The red-light districts will remain closed if the police departments and other branches of municipal governments follow up the advantages won with the assistance of the federal government, more especially the War Department.

If it was necessary to protect the health of the young men who were to form our victorious army by closing red-light districts, assignation houses, and disreputable hotels and by ridding the streets of the commercial prostitute, is it not just as necessary to protect the young man who may marry your daughter and enter your family during peace time? In an appallingly large percentage of cases the professional prostitute is found to be a diseased woman; infection is sure to come to her sooner or later. By checking the volume of trade of this class of unfortunate humans, the police can make their business most unprofitable, and soon you will greatly reduce the number who are giving trouble.

Through strict enforcement of the laws and ordinances against prostitution the police can do much in the line of coöperation in city health departments and with the United States Public Health Service in the control and reduction of venereal disease.

Without whole-hearted and aggressive police coöperation, health departments can accomplish little. And do not forget that the prevention of venereal disease will incidentally do much to prevent crime and to save you trouble later on. Many persons with infected bodies have lost all respect for the rights of other members of society, and will commit almost any crime which profits them. You know that a large percentage of the persons arrested for various crimes are infected with gonorrhea or syphilis.

In slightly more than a year and a half since the first draft army was mobilized, there have been reported to the Surgeon General of the Army more than 225,000 cases of venereal diseases. Think of this fact: Approximately 200,000 of these cases were contracted in civilian life. In other words, according to the latest army statistics only one person out of nine became infected while in the army; eight in nine were infected while in civilian life and before enlistment or induction. These figures show the seriousness of the civilian problem in the control of which the police can do much by coöperating with the health departments of the cities, the state boards of health, and the United States Public Health Service.

How are we to coöperate? First, by strict law enforcement. Watch suspicious houses and suspicious people, giving special attention to rooming houses and low-class hotels. Supervise dance halls closely. Keep tab on the taxi-driver and the crooked hacker who engages in both pimping and boot-legging. Let the street walker and other prostitutes know that the city will not stand for her; that public opinion is against her disease-spreading business. Only in this manner can the police keep intelligent public opinion with them. Lastly, the police should do everything to get every infected person into the hospital or clinic, or persuade him or her to seek the advice of a reputable physician.

As education is a fundamental measure in fighting the venereal disease menace, the state boards of health are distributing literature dealing with the subject, which they will forward to you upon request. Another powerful factor in this educational

work is a film called during the war "Fit to Fight" and now entitled "Fit to Win." The state boards or the United States Public Health Service will arrange bookings upon application. Every police officer should see this film.

There are some police executives, perhaps, who have not the courage or do not want for some reason to talk personally on the subject of venereal diseases to their men. Any such officials may get speakers from their local health officers or from officials of the state boards of health or from the United States Public Health Service. The subject should be presented to all the members of every police department in the United States so the members may know the reason for enforcing the laws against prostitution, pandering, and the renting of real estate for immoral purposes. If every policeman in the United States could see the film "Fit to Win," for instance, he would understand about the subject of venereal disease control which he may have never thought of before. After seeing that film, no intelligent policeman would have any interest, friendly or financial, for the "hooker" or the panderer.

The point is, we should each one of us here do our best to interest every man in the police departments which we represent in the great health problem faced by the nation, in the importance of men and women keeping clean and free from disease, and in preventing prostitution, and the spread of the most insidious and most infectious diseases menacing the nation's welfare. Much good can be done if we will follow up the work done by the Government during the war by coöperating with the state boards of health and the United States Public Health Service and with every other agency working to prevent disease. More progress has been made in the past year in venereal disease control than could have been accomplished in twenty-five years in ordinary times of peace, and surely this progress is one of the great benefits coming to the people of the United States as the result of our participation in the world war.

I believe that a better day is coming for the police of this country, that we are going to be more appreciated as public servants, that the individual policeman on the beat is going

to be a better understood man, that he will be better paid for his service for the city, that the people will not look upon him as tied up with wrongdoing or law breaking of any kind whatsoever, but will consider him as a social worker trying to do good in the world and working to make the city in which he lives better and the people decent and law abiding. To gain this greater respect of the public, all members of police departments must do more than merely prevent and detect ordinary acts of crime; they must coöperate in every way with other departments of the city, state, and federal governments to improve social conditions in the community and to prevent the diseases which cause crime, poverty, and death.

## THE MASSACHUSETTS PLAN

ALEC NICOL THOMSON

*Major, Medical Corps, U. S. A.*

The general plan of organization of the state of Massachusetts for the campaign against the venereal diseases was outlined by Dr. Allan J. McLaughlin (now Assistant Surgeon General of the United States Public Health Service) when he was Commissioner of the State Department of Health, and the work was carried on extensively by Dr. Eugene R. Kelley when he succeeded Dr. McLaughlin as Commissioner.

A special subdivision for fighting venereal diseases was organized within the Division of Communicable Disease of the State Department of Health. The plan of organization provided for:—

- (1) Continuance of free diagnostic facilities.
- (2) Establishment of free treatment facilities.
- (3) Reporting of venereal diseases.
- (4) Elimination of quacks and charlatans.
- (5) Prevention of treatment by drug clerks.
- (6) Examination and treatment of prisoners.

During the past year free diagnostic laboratories have been maintained. Blood for Wassermann tests and smears for diagnosis of gonococcus infection are examined and reported upon within a reasonable time. The work is high grade and so far the facilities have been adequate to meet all demands.

Sixteen state-aided venereal clinics are in process of development. These clinics may obtain arsphenamine from the State Department of Health in quantities sufficient to treat all infectious cases of syphilis. The clinics will serve also as a center for the distribution of arsphenamine, which is to be given out

only to such physicians as are regarded by the chief of the clinic as competent to administer the drug. Clinics are entitled to a subsidy of \$1000 a year provided they measure up to a certain requirement fixed by the Department.

The reporting law calls for the reporting of all cases of gonorrhea and syphilis on numbered slips by the physicians making the diagnoses. No action is taken on these reports unless the patient stops treatment before, in the judgment of the physician, he has been rendered non-infectious. When this occurs the name and address are filed with the State Department of Health and the matter is referred immediately to the local board of health with all information concerning the patient, excepting the name of the physician or the hospital reporting the case. It then becomes the duty of the local board of health to bring the patient under proper treatment, even resorting to quarantine if necessary.

The law provides also for the examination of all inmates of penal institutions who have been sentenced for thirty days or more and the treatment of those having venereal diseases, and includes measures to limit the activities of quacks and drug clerks as to treating gonorrhea and syphilis.

When completed the personnel of the subdivision of venereal diseases will consist of a chief, who is an officer of the United States Public Health Service, a man epidemiologist, a woman epidemiologist, and a woman physician in charge of the educational work. There will be also the necessary clerical force, made up of a chief clerk, a stenographer, and a clerk. The personnel was not all appointed at once and the man epidemiologist has not yet been selected. His work is being carried on by the other members of the staff.

To maintain the venereal disease campaign for one year, the state legislature appropriated \$30,000, and in addition to this fund, upon the passage of the Military Appropriations Bill, \$36,000 became available under the Chamberlain-Kahn Bill, for the fiscal year beginning July 1st. Additional funds were available for the manufacture of arsphenamine and the main-

tenance of laboratory work, so that the budget for the year totaled \$80,450, divided as follows:— .

Administration .....	\$13,090
Education .....	10,900
Repression .....	5,000
Medical Measures .....	51,460
<hr/>	
Total .....	\$80,450

The state of Massachusetts has maintained for years a diagnostic laboratory and the entire standard program for the combating of venereal diseases can be adequately cared for in the Commonwealth.

Upon the formation of the subdivision of venereal diseases, the plan became immediately operative through the director of the Division of Communicable Diseases. In Massachusetts the health department is organized upon the district plan. The districts are worked out geographically and a district health officer is in charge of each. It was found, however, that from the standpoint of districting the state for the establishment of clinics, a slight modification was required. The difference is indicated in the map of Massachusetts, which will be found on another page.

With this newly constructed machinery it became possible immediately to set in operation the standard plan, as outlined by the Surgeon General of the Army, in close coöperation with the War Department.

The State Department of Health had offered its entire facilities to the Law Enforcement Division of the Commission on Training Camp Activities, Section on Vice and Liquor Control and Section on Women and Girls. The same coöperation was offered to the Social Hygiene Division through the Army Section, the Section on Men's Work, and the Section on Women's Work and the closest harmony prevailed with the Section on Combating Venereal Disease in the office of the Surgeon General of the Army.



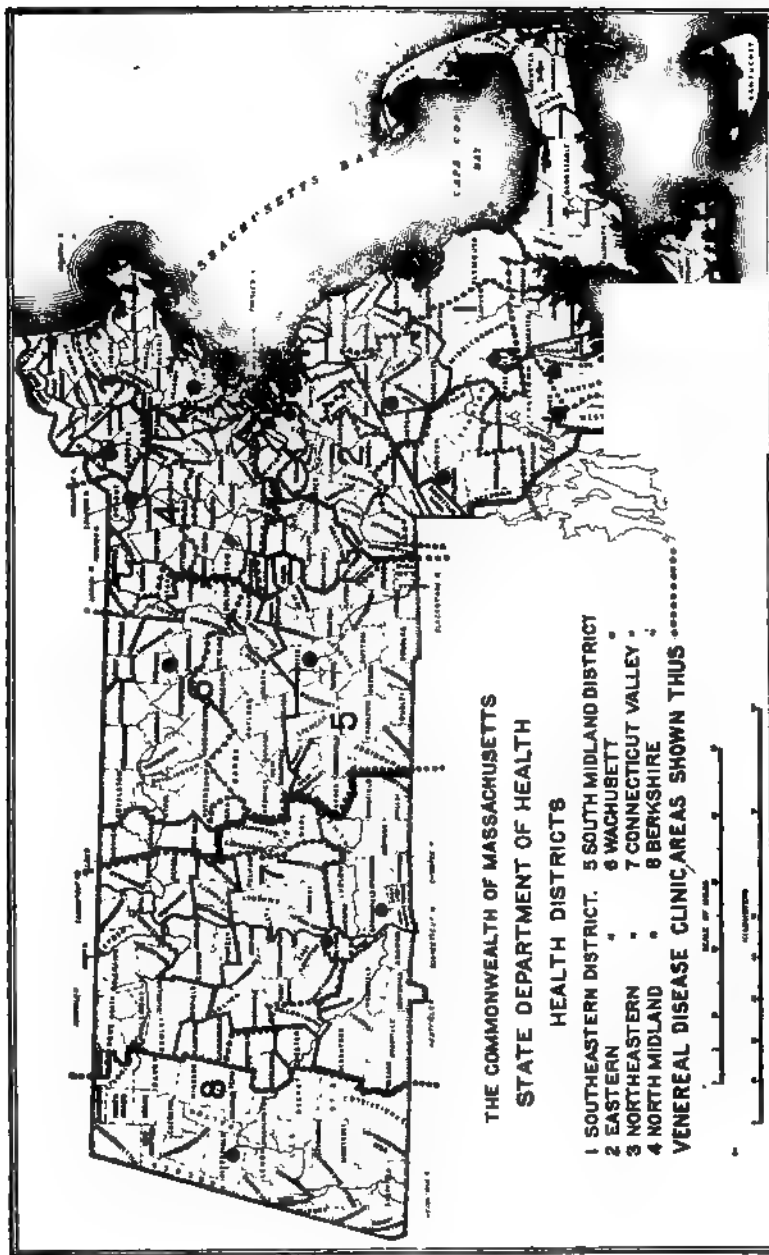
On June 1, 1918, I reported to the Commissioner of Health in Massachusetts under detail from the Surgeon General's office to aid in combating venereal diseases. I was assigned to duty as chief of the subdivision of venereal diseases, under the Director of the Division of Communicable Diseases. Prior to this time the program for a venereal disease campaign had been formulated, a large part of the groundwork had been covered, and some printed matter had been issued, particularly that relating to the reporting system.

Conferences were held with the chiefs of the state-approved clinics and, through the personal contact of the staff of the Subdivision of Venereal Diseases, the activities of the Commission on Training Camp Activities were more closely correlated with those of the existing agencies in the state.

In vice repression, education, records, and treatment, the government program for the combating of venereal diseases was followed, and immediate endeavor was made to stimulate action in this division of the work.

From the beginning it was felt that the primary work would have to be conducted along two main lines,—education and treatment. The whole program was looked upon as a publicity campaign with the object of reaching the largest number of people in the shortest period of time, and with the expectation of building a foundation for education regarding venereal diseases. While new clinics were being organized as to the personnel and quarters and the old-established clinics correlated with the department, an extensive educational campaign was planned for both men and women. Advantage was taken of the extraordinarily successful army film "Fit to Fight," the industrial program of the Section on Men's Work of the Social Hygiene Division, War Department Commission on Training Camp Activities, and the lecture service of the Section on Women's Work of the same Division.

The Massachusetts Health Committee, a citizens' organization formed under the leadership of Dr. Kelley for the purpose of giving publicity to the various angles of public health work,



REPRODUCTION OF MAP ISSUED BY THE MASSACHUSETTS STATE DEPARTMENT OF HEALTH  
The heavy black dots show the location of the clinics

# U. S. WAR DEPT.

Official "V. D." Film

IT

(Featuring the Kaiser's Partner)

**Shown to MEN ONLY. See below:**

**Admission Free. No Collection**

**FIT TO FIGHT** recognizes the need of telling the truth about prostitution and venereal disease.

Its lively action shifts from country town to college city, from campus to training camp, from "speak easy" to bawdy house, from hike to hospital, from New York to "over there."

It is interesting from start to finish and the lesson it teaches should never be learned by experience!

Every man who wants to be fit to fight, fit to work, and fit to live with should see this great four-reel story and join the big fight against the scarlet plague.

TO BE SHOWN AT

Massachusetts Health Committee, 525 Boylston St., Boston. Phone Back Bay 0040

This poster was prepared and supplied free by the Massachusetts Health Committee

specializing in child welfare, tuberculosis, cancer, mental hygiene, and venereal diseases, collaborated in the campaign.

The newspaper columns of many papers were opened to an unusually frank discussion through the active coöperation of the director of the Health Committee. Over thirty-three columns of material were printed in different newspapers throughout the state of Massachusetts, besides a considerable amount of editorial comment, of which the following editorial from the *Springfield Republican* is an excellent example:—

Americans can be proud of the fact that their government was the first one in history to start an offensive in war time for the protection of its army against venereal disease, whose appalling ravages have in the past decimated a nation's military forces more than the guns of its enemies in the field. What is now being done in an educational way to strengthen soldiers and young men generally against temptation may be seen at the Springfield auditorium this afternoon and evening, when the film "Fit to Fight" will be shown to the public. The introductory address this evening by a medical officer of the army is a guarantee of the auspices under which the film is brought here. The Massachusetts State Board of Health is energetically coöperating with the government in this work. War usually strips things down to realities, hideous as they may be. In this case, the authorities are making good use of war to fight in the open one of the worst plagues that afflicts the human race.

Wherever "Fit to Fight" was shown, the Massachusetts Health Committee provided posters (one is reproduced on another page), for display in public places and in factories, and in advance of each showing of "Fit to Fight" the committee sent news articles for use in the local newspapers. This material was extensively used. Soon it led to free editorial discussion in papers which had hitherto refrained from all mention of the venereal diseases. Following is an editorial from the *Springfield Union*:—

The War Department's film "Fit to Fight," to be shown in the Auditorium tomorrow afternoon and evening and again next Monday, is brought here under the auspices of the local Board of Health and the Committee on Public Safety, which have lent their support to the campaign against venereal diseases now being waged by the State Department of Health. It is said that the film deals frankly with a theme that has hitherto failed to receive the attention that its deep gravity rightly calls for. The extent and potency for evil of venereal diseases among the people of this state

have been revealed as never before by the records that the health authorities are required by recently enacted legislation to establish and maintain in this regard.

From February 1 to August 1 of the present year, Massachusetts physicians have reported to the State Department of Health 4216 new cases of gonorrhea and 1755 new cases of syphilis. This number, medical authorities believe, is less than one-third of the actual total. The necessity of meeting an unpleasant subject squarely and unequivocally is made manifest in the statements of well-attested facts concerning the grave consequences that follow in the train of these diseases. Heart disease, apoplexy, paralysis, insanity,—these are conditions that result from a neglect of syphilitic cases and from failure to apply those preventive measures enjoined by a more intelligent and less squeamish attitude on the public's part. Gonorrhea, found to be more prevalent among our civilian population than any other disease except measles, is accounted responsible for 80 per cent of the blindness of babies and for various ills and infirmities that seriously impair the social welfare.

Ignorance and lack of proper treatment are the two fundamental reasons assigned for the widespread prevalence of these diseases. To correct these faults is the purpose of our civil and military authorities. It is stated that the War and Navy Departments will spend \$2,700,000 fighting venereal diseases in 1918, and \$2,000,000 in 1919, and they will have the moral and financial support and coöperation of our state and local health agencies. "Fit to Fight" is being exhibited in the interest primarily of the first-named object,—that of dispelling the state of ignorance that in turn is the most prolific cause of the lamentable prevalence attained by these diseases. Having been shown in a number of our Massachusetts cities, the film is commended as a good example of facing a public evil as it deserves to be faced. The film is not to be regarded as in the nature of a theatrical entertainment, but as a medium of enlightenment on a subject that has been long obscured by reticence and camouflage, to the great injury of the Commonwealth and the nation. It is fitting, at a time when American lives are being sacrificed so freely in fighting outside enemies that something of this same courage and energy be addressed to the suppression of foes that menace the nation from within.

Several clubs took up the crusade, notably the Boston City Club and the Boston Press Club. The latter devised a novel plan of announcing that a thrift stamp would serve as the price of admission, and admonishing the prospective spectator to "Pay yourself a quarter to see 'Fit to Fight.'"

The State Committee of Public Safety and the office of the Adjutant General of the State also joined in the campaign.

The combined effort of the intensive educational campaign for the first six months resulted in a general and rapid dissemina-

tion of information about venereal diseases among all classes in every part of the state.

"Fit to Fight" was shown approximately 60 times in over 30 communities to about 70,000 men (also 1000 women in selected audiences), while during the same period of time there were 44 lectures on venereal diseases delivered in thirteen cities with an attendance of 15,000 people. Thus, in five months, 104 groups of people, composing 86,000 persons, received information as to the dangers of venereal disease. At all meetings the addresses were short and epigrammatic. The people were told that as a result of reporting venereal disease in Massachusetts it was possible to demonstrate what had been borne out more or less generally throughout the country, that syphilis and gonorrhea were next to measles the most prevalent diseases and that syphilis was about equal in frequency to tuberculosis.

Experience with "Fit to Fight" is well illustrated in an article written by Dr. Howard Streeter and published in the monthly bulletin of the Massachusetts Department of Health, a portion of which is quoted below. It was entitled "A Week's Venereal Disease Campaign in the Berkshire District."

As a part of the venereal disease program of the State Department of Health the film "Fit to Fight" was shown in the Berkshire District early in August, in the moving-picture theaters of Pittsfield, Lee, Stockbridge, Great Barrington, Housatonic, Adams and North Adams.

Before each performance Major Alec N. Thomson explained to the audience the program inaugurated by the Federal Government and the several states for the eradication of venereal diseases.

The lecture and film appeared to affect each audience in a similar manner, applause and laughter bursting forth at a lively or comical action, to be followed by deep silence when the deeper emotions were touched. In each instance these emotions were manifested at a similar point in the drama. In only one instance was any levity noticed, and this seemed to be more the bravado of a few "fresh" youths than any lack of appreciation of the story. This levity entirely vanished before the close of the fourth reel.

Following are a few comments heard at the performances, over the telephone, or in private conversation: "The best film I ever saw,"

"Gee, that gave some fellow a jolt in the eye." "Never knew before the difference between gonorrhea and syphilis." "Never knew venereal diseases were so destructive." "Show it to women, it will do them good." "I have learned something." "The film should be shown often." "That is the saddest picture I ever saw," the latter referring to the blind babies and blind children. Not one unfavorable word or comment was heard; all appeared to be deeply affected, and in a few instances the affection was visibly manifested.

The newspapers reported the showings, printed the material supplied by the Massachusetts Health Committee, and made editorial comment. These articles were printed without reservation, and dealt openly with the subject.

The film was well advertised beforehand. Display cards furnished by the Massachusetts Health Committee were posted in towns and cities where performances were given; theater managers advertised the film on their screens by stereopticon slides; special posters were displayed in the industrial plants and advertised on large blackboards at the main entrances; mill superintendents notified their employees either by poster or verbally. In Pittsfield a sign was carried in the streets by a "sandwich man," and reading notices appeared in the Pittsfield and North Adams local papers.

Several conferences were held with officials of manufacturing plants during the week, and after Major Thomson explained the objects of the campaign, coöperation was promised.

Following is a letter received from the large manufacturing plant mentioned, which will give an idea of the interest shown:—

DEAR DR. STREETER:—I wish to take this opportunity to thank you for the very effective way in which you handled the recent health film, which has made quite an impression on our people. I would like to arrange just as soon as possible to use the film down here during the noon hour for a couple of weeks. I am attaching two photographs with the poster which may interest you, and am also sending two extra photographs for Major Thomson.

At our manufacturing committee meeting this morning, at which all the executives were present who witnessed the film demonstration the other day, the whole matter was discussed in detail, and Mr. C. felt that the work which you and Major Thomson are doing is very important, and we should do everything we possibly can to realize this work to the greatest possible extent.

It was estimated that nearly one man in four, of fifteen years of

age or over attended a showing of the film. The table of figures will give an idea of the population reached.

Town or City.	Population	Males over 15 years.	Voters.	Attended show.
Pittsfield .....	39,607	13,000	10,236	2,900
North Adams.....	22,035	6,550	5,984	1,000
Adams .....	13,218	4,000	3,445	1,000
Great Barrington.....	4,600	1,250	1,375	425
Housatonic .....	2,027	650	379	300
Lee .....	4,481	1,476	1,312	400
Stockbridge .....	1,901	636	512	100
Totals.....	87,869	27,562	23,234	6,125

The industrial program material for men, described in *SOCIAL HYGIENE* for October, 1918, was mailed by the Massachusetts Health Committee to 2500 manufacturing plants in Massachusetts and through the coöperation of employers some 20,000 men received this material. In a number of instances the material has been adapted and republished in house organs. In this respect, the coöperation of the Norton Company of Worcester was conspicuous.

In the manufacturing plants the reaction to venereal disease propaganda was invariably satisfactory. Any unfavorable criticism melted away when the individual critic was properly and thoroughly acquainted with the program. The reaction in the Norton plant is perhaps best described in the language of the plant executive, in the following letter:—

I sent you 25 copies of the V. D. Health Bulletin yesterday. You can have more of these as long as they last.

Mr. Dietz tells me you would like to know how our employees took the distribution of this Health Bulletin. We have made a quiet inquiry among our foremen, who all tell us that it was taken with unanimous approval and a serious and unusual interest. There was absolutely no tendency to take it frivolously. It was read and taken away by the men, and this was more noticeably the case than with our regular health bulletins on the more familiar subjects. It was reported to me that one department failed to receive this bulletin through some error and made a special demand for it, saying they did not wish to be left out of such an important matter.



We had not intended to distribute the bulletin among the women employees of the company but it came to their attention through distribution in one or two departments containing both men and women. One of our older women employees took the matter up with our female nurse with the object of having a thorough distribution among the women, as they both thought this campaign of education should not be confined solely to the men. The health bulletin has been given out by the nurse to the women upon request, but it was felt that the publication of a similar general article in *Norton Spirit*, our company newspaper, in a number which was published about the same time and was distributed to all employees, and which goes into the homes, would cover the women employees and the families of the men.

When one sees the spirit in which this educational campaign is taken and realizes the great need of it and the serious and common-sense way in which people regard the knowledge, it seems a wonder that nothing has been done about it before; and it also,—at least in our experience,—evidences a general moral tendency and desire for clean living and efficient physical condition when it is based on knowledge and common sense, rather than on the definite, hazy intimations of educational and religious teachers of the past.

The lecture bureau of the Section on Women's Work of the Social Hygiene Division gave lectures to 325 audiences throughout the state. The lecturers are women physicians. They have had a most cordial reception and have addressed in all 132,615 women.

Since the signing of the armistice the industrial material prepared by the Section on Women's Work has been sent to all industrial organizations employing fifty or more women. It is an interesting fact that, despite the war-time appeal contained in the industrial program for women, the reception of this material has been most gratifying.

As soon as "The End of the Road" was released by the Section on Women's Work, arrangements were made for showings to women and girls throughout the state.

In line with the general work of education, an early effort was made to reach the draftee prior to his going to camp. This was done under the auspices of the Adjutant General of the state in coöperation with the Committee of Public Safety.

Even more extensive plans had been made for reaching the new draft during the months of September and October, but this was greatly interfered with by the epidemic of influenza. For a period of six weeks no public meetings were held and the entire activities of the State Guard, in addition to those of the State Department of Health, were devoted to stamping out the terrible conditions which existed throughout the Commonwealth. As soon as public meetings were permitted the campaign was resumed. The first step was the mailing of the following letter:—

WAR DEPARTMENT  
OFFICE OF THE ADJUTANT GENERAL OF MASSACHUSETTS  
(SELECTIVE SERVICE LAW)

State House, Boston, Mass.

October 26, 1918.

Circular Letter, No. 255½

*From:* The Adjutant General's Office.

*To:* Boards of Instruction.

*Subject:* Major Alec N. Thomson, M. C.

SECTION 1. In connection with the work of Boards of Instruction appointed under P. M. G. O., Form 76, Major Thomson has been detailed by the Surgeon General of the Army and United States Public Health Service as Regional Director for the Instruction of Selective Service Registrants on Venereal Diseases. In connection with his work, Major Thomson is prepared upon request to go to any part of the State and exhibit the War Department film, "Fit to Fight" which has already proved of remarkable value.

SECTION 2. Local arrangements must be made for the expense of theatre rental and local operator of the machine.

SECTION 3. Appointments may be made by addressing:

MAJOR ALEC N. THOMSON, M. C.

Room 845 Tremont Building, Boston, Mass.

(Telephone: Haymarket 4250)

JESSE F. STEVENS,

*The Adjutant General*

Responses were immediate, and on Sunday, November tenth, twelve showings of "Fit to Fight" were given before 15,000 men. The sudden cessation of war activities upon the signing

of the armistice prevented the continuation of this very important piece of educational work in the campaign against venereal diseases.

The State Instruction Board membership totalled upward of six hundred men of all professions and business affiliations in Massachusetts. The district boards were met in conference early in September and every one of the six hundred members received a copy of "Venereal Diseases Facts for Every Man," a publication of the American Social Hygiene Association, and also a copy of "Venereal Disease Control in the Army," by Colonel Snow and Major Sawyer of the Surgeon General's office, Section on Combating Venereal Diseases.

Social workers, probation officers, police officers and judges, court attendants, and other groups whose work brought them into contact with victims of venereal disease were made acquainted with the plans of the Army and the State Department of Health by addresses, circulars, showings of the films, etc., and through the following communications:—

To the Justices and Special Justices of the Boston Juvenile Court and of the Police, District and Municipal Courts in Massachusetts:—

YOUR HONORS:—

You are perhaps familiar with the action taken by the Massachusetts State Department of Health whereby, dating from February 1, 1918, gonorrhea and syphilis were declared to be dangerous to the public health and were made legally reportable by physicians to this Department.

In close coöperation with the War and Navy Departments and with the Federal Public Health Service, we have inaugurated a vigorous campaign against these menaces to national efficiency.

In execution of your official duties you are almost daily placed in a position in which you may render a great service to this campaign. This is especially true in cases put on probation by your court. Prisoners in a penal institution suffering from syphilis in an infectious stage may be held there under treatment until they are no longer a danger to the public health, even though this may detain them beyond the time of expiration of their sentence. In cases on probation, however, because of the comparative freedom allowed the probationer, both in his movements and in his choice of medical attendant, effective treatment may or may not be persisted in for the desired period.

Private practitioners, unless honestly specializing in this branch of medicine and surgery, are not, as a rule, so situated that they can adequately administer effective treatment for these diseases or render an authoritative decision as to when a given case ceases to be infectious.

From a health officer's standpoint, to place on probation a person suffering from a venereal disease in an infectious stage, without requiring that person to take prompt, regular, effective treatment, or to place a person charged with an offense against chastity on probation without first ascertaining whether or not that person is capable of communicating a venereal disease, is a failure to properly protect the public health.

Sixteen State Approved Clinics, each equipped for the most efficient modern methods of diagnosis and treatment and both supervised and subsidized by the State Department of Health, will soon be available throughout the State. Eleven of these, as indicated on the following list by "x" are now in operation. The others will be available shortly in the cities indicated.

**Attleboro.**

- x Boston: Boston City Hospital.
- x Boston: Massachusetts General Hospital.
- x Boston: Massachusetts Homeopathic Hospital.
- x Brockton: Brockton City Hospital.
- x Fall River: City Hospital.

**Fitchburg.**

**Holyoke.**

- x Lawrence: City Clinic, 33 Jackson Street.
- x Lowell: Lowell Corporation Hospital.
- x Lynn: Lynn City Hospital.

**New Bedford.**

- x Pittsfield: House of Mercy Hospital.

**Springfield.**

- x Worcester: City Hospital.

In each of these clinics a patient will receive treatment at the hands of a physician qualified and equipped to render the most efficient medical service, at an institution where the record of his physical condition will be kept in a locked file instantly available for proper use by proper authorities, but by them only.

For these reasons, we suggest that you instruct your probation officers that as soon as the State Approved Clinic in their vicinity is established, each case in their charge, proven to be suffering from gonorrhea or syphilis in an infectious stage, should be placed under treatment in that clinic and at the same time that the medical disposition of the case be reported to us.

In order to get the fullest results, this procedure should, if this is possible, apply also to cases held awaiting commitment who now, although perhaps a danger to the health of other prisoners, are able temporarily to escape compulsory examination and treatment.

We also suggest that you make it the rule of your court that as many offenders as possible, at least all persons arrested for offenses against chastity, shall submit to a physical examination by a competent physician before the final disposition of the case; also, that you suggest to the court official having in charge a case suffering from a venereal disease, presumably reported to this Department according to statute, that he give to the person in authority over the prisoner a copy of the laboratory findings in the case and a statement that it has been reported to this Department under such-and-

such serial number. This statement when received by the physician later undertaking the treatment of the case will prevent duplication in reports to us and will save unnecessary repetitions in diagnostic tests.

By some such measures as these the courts of this Commonwealth can be of great assistance in our efforts to control this widespread physical evil, this national menace, efforts urgent in time of Peace, imperative in time of War.

Respectfully yours

EUGENE R. KELLEY, M. D.  
*Commissioner of Health.*

To the Social Workers of Massachusetts:—

The enclosed copy of regulations has been sent to every physician in Massachusetts, with blanks in force February 1, 1918, to be used in the reporting of venereal diseases.

Will you kindly bring these to the attention of your workers who are coming in contact with cases to which they apply that they may be familiar with the present status of the two diseases—gonorrhea and syphilis, in this State?

Sixteen approved State-subsidized clinics are now being established in thirteen of the largest cities of the State. Information as to the location of these clinics may be had at our office or the local Board of Health.

By direction of the Commissioner of Health.

MAJOR ALCO N. THOMSON, M.R.C.  
*Chief of Subdivision Venereal Diseases.*

To our Friends the Social Workers of Boston and Vicinity:—

It has been suggested that the Social Workers might be interested to see the moving picture film "Fit to Fight" which has been shown in most of the army camps, and is now being used extensively by the Instruction Boards for reaching the draftees before their induction into the army.

The object of this film is to teach the importance of right living in and out of camp, as the only preventive of venereal disease, and it is beyond question that this thing is being accomplished in a large degree with our young men the country over.

A special showing will be given for social workers and any friends who have given serious thought to these subjects, at the Y. M. C. A. building, 316 Huntington Avenue, Boston, on the afternoon of November 8, at five o'clock.

There is no admission fee and the expense, which will be small owing to the courtesy of the Y. M. C. A., will be met by voluntary contributions.

By direction of the Commissioner of Health.

MARY R. LAKEMAN, M.D.  
*Epidemiologist, Subdivision of Venereal Disease.*

Sentiment in favor of the reporting law was undoubtedly strengthened by the educational campaign. Every audience addressed on the general subject of venereal disease actually heard by word of mouth about the law, why it was necessary, and how it would actually protect them as individuals and citizens of the community. From February 1, 1918 when the law became operative, to January 1, 1919, there have been reported 7681 new cases of gonorrhea and 3284 of syphilis.

#### MASSACHUSETTS VENEREAL DISEASE REPORTS, JANUARY 1, 1919

Total reported by number to January 1, 1919:—

Gonorrhea—Male, 5,607; Female, 2,054; Unknown, 20.....	7,681
Syphilis—Male, 1,919; Female, 1,334; Unknown, 31.....	3,284

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10,965

Reported by name for lapsing treatment; Gonorrhea, 963; Syphilis, 373 1,336

Of these:

Reclaimed to treatment—Gonorrhea, 395; Syphilis, 210..... 605

Unable to locate—Gonorrhea—Male, 205; Female, 65; Syphilis, Male, 50; Female, 23..... 341

In process of follow-up—Gonorrhea, 300; Syphilis, 90..... 390

#### BOSTON

Total reported by number to January 1, 1919.

Gonorrhea .....	3,399
Syphilis .....	1,494

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4,893

Reports by number and sex for month of December, 1918.

Gonorrhea—Male, 245; Female, 118; Unknown, 1.....	364
Syphilis—Male, 54; Female; Unknown, 3.....	112

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476

Total reported by name for lapsing treatment—Gonorrhea, 369;

Syphilis, 99.....488

Of these:

Reclaimed for treatment—Gonorrhea 64; Syphilis, 19.....83

Unable to locate—Gonorrhea, Male, 175; Female, 25—Syphilis, Male, 32; Female, 17.....249

In process of follow up—Gonorrhea, 125; Syphilis, 31.....156

Under the reporting law of the State, the name is not given on the ordinary report, but it becomes the duty of the physician to report incorrigibles and lapsed cases by name. This has called for the development of an extensive follow-up system in the department. The cards in the follow-up file indicate by distinctive riders whether the patient is lost, non-infectious, brought under treatment again, or in process of being followed up. Under the reporting system, a case that is reported to the state department by name must be reported by the state to the local health authority for action. A separate file is maintained for cases that are in the hands of the local boards of health, and a report from each one of these is asked for monthly. Suspected cases of infection are followed separately in a similar way.

The division was enabled, through the women epidemiologist, to enlist as a war measure the services of a group of patriotic women physicians who investigated sources of infection. These sources of infection are reported from the army and navy day by day. After conference with the State Department of Health, the Department of the Northeast of the Army issued a general order which read as follows:—

#### HEADQUARTERS NORTHEASTERN DEPARTMENT

*Boston, Mass., August 28, 1918.*

#### General Orders, No. 5.

1. All surgeons will submit a special report in duplicate direct to the Department Surgeon in every case of venereal disease taken up on the register of patients or otherwise brought to the attention of the Surgeon, giving all the information obtainable called for on the form as given below. This report will be forwarded immediately in each case.
2. A case once reported and returned to duty before being completely cured, and subsequently readmitted for treatment, need not again be reported, but should the soldier contract the disease a second time from the same source of infection, a report will again be submitted.
3. Every effort will be made to obtain the required information and to have the report as complete as possible.

Post .....  
 Date .....

## SOCIAL CASE SHEET

Diagnosis— } Laboratory  
                   } Clinical

Patient's Name:           Rank:           Reg. Number:           Unit:

Date of Exposure to Infection and of first symptoms:

Source of infection—Woman's name and address if possible:

Would patient be willing to identify her?

Was she paid? (in any way, monetary or otherwise)

(State particulars)

Ascertain all facts in reference to woman believed to be the source of infection. The following facts should be included:

Age:

Social condition:

Occupation:

Single, married, divorced, widowed:

Had either the patient or source of infection indulged in alcohol at the time of infection:

Did infection take place in a house of prostitution? (give particulars):

Was the proprietor aware that the room was to be used for purposes of prostitution?

What venereal prophylaxis was used and by whom was it administered?

How long after exposure was venereal prophylaxis used?

Do you know of other cases infected from the same source?

.....  
 .....U. S. Army.

BY COMMAND OF MAJOR GENERAL CROZIER:

A. S. WILLIAMS,

*Lieut. Col., Adjutant General,  
 Acting Chief of Staff.*

OFFICIAL:

M. J. MOORE,  
*Adjutant General,  
 Adjutant.*

The State Department of Health has received the names of sources of infection in this way and has brought under treatment thirty women.

It is felt that this is an excellent record in view of the larger number of wrong names and addresses given by infected enlisted



men, and also in view of the migrations of the women who are the sources of infection of soldiers. On one occasion so incomplete an address as "Little Nellie," of a certain city led to the discovery of the case and the placing of the woman under treatment.

There are at present in operation seventeen (perhaps more) clinics in the state treating venereal diseases, of which twelve are state subsidized. A year ago there were in the state of Massachusetts not over seven clinics willing to treat venereal diseases. The full quota of sixteen state-subsidized clinics with three subclinics will be operating during the first quarter of 1919. This will give the state a total of twenty-four clinics actually treating gonorrhea and syphilis in specialized departments. No correct statistics of treatment are available, and it is impossible to estimate the number of treatments that have been given. The clinics are growing so rapidly that the problems of organization and expansion are extremely perplexing.

During the administration of Commissioner McLaughlin, the State Department of Health began to experiment in its laboratory toward producing arsphenamine to meet the crisis arriving from the cessation of the supply of German-made salvarsan. As a result, the state was able to begin the free distribution of the product of its own laboratory under the name of arsphenamine. The volume of production has not been up to expectation, but the drug has been distributed as fast as it could be turned out and properly tested. The difficulties brought about by the war in obtaining supplies have made this part of the work extremely complicated. The product has given satisfaction, and it will soon be produced at the rate of 1000 doses per week. During the past five months 3250 doses have been distributed and used. At present the amount being manufactured is in excess of the constant demand. No one realizes more thoroughly than the State Department of Health of Massachusetts that the work accomplished has merely scratched the surface of the problem facing the country today. It is simply ground work. There is a tremendous field just opened, and there is a full realization upon the part of the Department that the peace program of

activities in combating venereal diseases will be more difficult than the ordinary war measure campaign. It is felt, however, that a sufficient opening has been made and that the old conspiracy of silence can never again exist. The policy of clean minds and clean bodies is bound to carry weight.

It has been the constant endeavor to make the venereal disease campaign stand out clearly against a neutral background—a background upon which each group may paint its own color.

The campaign has been so conducted, it is felt, that industry has been interested from the standpoint of its own efficiency; that religion has been given an added foundation upon which to build; that health officers have been given material with which actually to combat conditions in such a manner that sources of infection and the carrier may be rendered no longer a menace to public health; that the educator will have the material with which to develop a sane program of social hygiene, and that the average man and woman will be acquainted with a sufficient number of facts to be able to understand the material presented by any special group.

Thus it is hoped that the full work of preventive medicine may be accomplished; that knowledge may be disseminated about syphilis and gonorrhea; that safeguards may be placed about the non-infected; that the infected may be rendered non-infectious with the ultimate result that the soldier man returning clean from camp will come to a community that is clean and that will remain clean.

## THE IMPORTANCE OF THE HOME<sup>1</sup>

That the family is at present meeting with great competition few students of social conditions will deny. "Under economic stress the home becomes merely a temporary meeting-place for board and lodging, the privilege of which is often shared with strangers. The attractiveness of home disappears; it is no longer a center for amusement and recreation, since these are sought on the streets or in the theaters or social organizations." On every hand we see evidence of the fact that the home is giving up some of its functions. Probably as we gather more knowledge concerning human conduct we shall see increasingly that there is much of discipline, much of preparation for wholesome living, much of moral inspiration that cannot be successfully carried on by any other institution than the family. The home, when it fails to undertake its peculiar essential functions, leaves a void that nothing else can fill.

The moral responsibilities of the home cannot safely be farmed out. Even the intellectual and physical obligations of the home cannot wisely be given over to some other institution. Even yet the family can do most for the body and the mind of the child. Parents have too great confidence in formal, institutional instruction, and no idea usually of the greater importance of the incidental education naturally provided by the family group.

The limits of the family must, however, be recognized. It must willingly lead the child to the larger life. The family must not permit the child to remain a child; nor should it strangle the child's normal independence. The family virtue is the golden mean. It is neither neglect nor monopoly.

ERNEST R. GROVES.

<sup>1</sup>*Moral Sanitation*. By ERNEST R. GROVES, New York; Association Press, 1916.

## SOCIAL LEGISLATION AND VICE CONTROL

JOSEPH MAYER

The net progress in solving any social problem must be measured in the main by legal enactments relating thereto.

Three misunderstandings have caused social workers to lose confidence in the value of legislation. One is epitomized in the expression "we have laws enough, if they were only enforced;" the second is the feeling that all laws should compel obedience and be enforceable to an equal degree; and the third is the idea that "educating the public" is much more conducive to achieving a given end than is legislation. All these have an element of truth behind them, but in the main they are grossly misleading and harmful.

Legislation naturally implies enforcement as well as enactment, but inadequate enforcement, whatever the reason, does not imply that "we have laws enough." In fact, an additional measure is often required to make a given law enforceable. For example, here is a statute providing for the imprisonment of convicted prostitutes. But, if there are no institutions within which to place those convicted, the law becomes a farce and cannot be enforced. What is needed is another measure, establishing detention and reformatory institutions,—a supplementary law rendering the other one enforceable.

From this standpoint, legislation may be roughly divided into basic or substantive laws—which are always more or less personal, directive, and punitive—and supplementary laws whose purpose it is to render the former more effective, and the need for which is the chief law-enforcement problem. Political corruption and public inertia, or other more inherent difficulties to be brought out, may further hamper enforcement, but all of these are very different matters from saying, "we have laws enough."

This brings up the question whether all laws should compel obedience and be enforceable to an equal degree. Supplementary

laws are obviously in a different class regarding enforcibility than are basic ones which punish or guide, and the basic ones themselves vary in point of strictness or laxity, according to the degree of certainty or the purpose the social mind had in framing them. From these angles a basic law may be said to be compulsive, formulative, or informative. That is to say, such a law may have for its purpose the compelling of obedience, or the formulation of better social habits, or simply the pointing out of a desirable line of conduct.

Compulsion, in varying degree, is necessarily the sanction behind all of what we have called basic laws. But that the main object is compulsive can be said of only one group. There are certain criminal offenses, such as murder or incest, upon which society has long since set an imperative stamp of disapproval. Justice is quick and enforcement sure.

But this is only one side of basic law and in the main is built on principles established long before modern statutory enactments came into being. Modern statutory enactments, and especially social laws which deal mainly with health, safety, and community wellbeing, are constructive and positive and aim at prevention, habit formation, and the fixing of opinion rather than at condemnation and punishment. There is a wide gap indeed between the compulsive purpose and power of an informative law through which a public lavatory is placarded and certain information is thus made available to those who will read, and a law against murder or incest which results in swift condemnation and punishment.

And in between these two extremes stands the vast bulk of modern social legislation with varying degree of enforcibility and compulsive power, formulative enactments, habit-forming and opinion-fixing laws,—which must take into consideration unformed and differing opinions, conflicting interests and calculated evasions, new and untried channels of enforcement,—a thousand and one complexities, of which the older punitive law is quite free. Spitting in public places, exceeding the speed limit, soliciting for prostitution, truancy from school, employing a child under fourteen illegally,—such are typical subjects of

modern social legislation regarding which no cut-and-dried method of enforcement or administrative procedure can be found.

Let us further briefly examine some of these difficulties and complexities. Among them political corruption and public inertia hold a recognized place. In addition, the jury system, as indispensable as it unquestionably is, presents obvious difficulties for law enforcement in communities hostile to a given piece of social legislation. Another difficulty is the fact that modern social legislation is still in a highly experimental stage. The careful and painstaking work bestowed upon labor legislation is already being followed in other social fields, but much has yet to be done before a consistent and well-drawn code for social legislation is forthcoming. Questions of personal rights, constitutional limitations, delegated responsibility, legal phraseology, and the like, must always be faced, and the slightest disregard of any of these frequently invalidates an otherwise excellent measure or renders its enforcement practically impossible. In this connection it is often necessary to know how much to secure through the state legislature and what to leave to the regulatory power of the board or commission called upon to enforce the general provision. There is an increasing tendency to leave the working out of detailed regulations to subordinate bodies and to secure only a general law from the state. This makes for increased elasticity and enforcibility; but the board or commission to which the responsibility is delegated must be in sympathy with the measure it is sought to enforce, or further difficulty is encountered.

Such are roughly some of the principles and problems of modern social legislation, both of enactment and enforcement, but there is nothing here to discourage us regarding the efficacy of legislation as such nor to lead us to chase a will-o'-the-wisp for a substitute. It should rather make us realize that we must still further sharpen and perfect the most adequate tool there is for shaping and enforcing the corporate will, viz., well-defined and properly executed laws.

The problems and difficulties inherent in modern social legislation apply without question to the specific matter of vice con-

trol. This is illustrated by the following summary of data collected from thirty-eight typical American cities bearing on the problem of law enforcement which 80 per cent of the cities mentioned as an urgent need.

In over half the cities investigated, political corruption interfered with proper law enforcement and municipal government. The connection between such corruption and the social evil was quite marked. Local bosses were interested in property in the red-light district or collected tribute therefrom. High officials, including police chiefs and judges, had subjected themselves to such influence or feared the crude wishes of a large part of the electorate. As a result small fines, short sentences, loose police administration, and other perversions of justice were frequent.

Business, also, was frequently observed to connive in the furtherance of the vice interests. Certain merchants believe the open town is good for business. They feel that visitors are more apt to patronize such a city and spend money freely in "taking in the sights." Certain types of business, such as the liquor traffic, are directly connected with the social evil. Often big corporations or banks, anxious to avoid annoyances or gain certain privileges, side with corrupt political elements.

In answer to the question as to what measures were effective in the repression of vice, the injunction and abatement law, law enforcement, and police vigilance were given in order of importance. Nearly half of the cities spoke of injunction and abatement, one-fourth mentioned law enforcement, and one-sixth gave police vigilance. An inquiry into the amount of coöperation exhibited between local, state, and federal authorities, elicited the response from 80 per cent of the cities that such coöperation was either good or fair; about 20 per cent mentioned friction. Regarding the attitude of the bench it appeared that the superior courts are as a rule strict while the police and city courts are lenient or lax. The attitude of the Bar developed that in nearly half of the cities investigated, shyster lawyers are to be found. Only about 20 per cent of the legal profession seem to be in favor of repression. Returns indicated further that about 20 per cent of the legislatures were progressive, 25 per cent conservative,

and an equal percentage held that there were laws enough on the subject of vice. The attitude of local administrations appeared to be about one-half for repression. Some few more indicated that the attitude was changing in that direction, about 20 per cent were still uncertain in attitude, and an equal percentage had not yet departed from the idea of toleration.

The discouraging aspect of such data has led certain social workers to raise the question whether educating the public is not more conducive to achieving a given end than is legislation. To set such education over against social legislation, as though they came from widely differing sources and had little in common, shows a wrong point of view. Instead of having very little in common with public opinion, modern legislation—as contrasted with the so-called principles of common law—achieved enactment through public opinion. Moreover, modern social legislation is often in itself an element, and a very important one, in the very process of educating public opinion. Indeed, social legislation, in standardizing and fixing the common mandate, is the last word in public education; and where public education proceeds through legally established channels, it can always be more effective than where its work must be carried on unofficially and sporadically.

Social legislation, then, far from being quite separate from, must be considered an integral part of the work of educating public opinion and of fixing better social habits.

The element of truth, however, in certain misunderstandings on this score, lies in the fact that public interest too often subsides after the passage of a law. Constant alertness and vigilance, on the part of those individuals already educated up to the remedial measures adopted, are necessary both to keep some of the hesitant ones in line and to win over the rest. Towards these ends vigilance societies play their proper and important parts.

Such unofficial agencies for combating vice have been established, under a variety of names, in a number of American cities and were found in one-third of the cities interrogated in connection with the data already summarized. In several cities



such organizations have already been superseded by official boards or commissions, but the need of the unofficial society supported by voluntary contributions is always urgent. The work such a society can do varies with the degree of enlightenment in a given community, but in general it will run along the lines of nullifying the efforts of entrenched interests, of coördinating the efforts of various officials in whose hands the work of enforcing the law lies, of locating weak points in the machinery of law enforcement and seeing to it that these are remedied, of warning recalcitrant officials and of bringing ouster proceedings if necessary, of educating the public up to the new standards through lectures, literature, charts, moving pictures, and the like, where such education is not already provided through official channels as, for example, through the board of health.<sup>1</sup>

Eternal vigilance, both collective and individual, is truly the only safeguard of democratic government, the social enactments of which are furthermore inherently beset with problems and difficulties of enforcement. And, to emphasize again the statement made at the beginning of this article, what social progress a democracy achieves can in the last analysis be measured only by the rules and regulations the corporate will tentatively or definitely formulates, viz., well-defined and properly-executed laws. These comprehend not only state and federal statutes, but city ordinances, and even the regulations of various boards, commissions, and departments having delegated legislative power.

A study of basic laws for the control of vice enacted in the past decade indicates that a remarkable change in public attitude has taken place during this time. In previous articles<sup>2</sup> the writer cited the recommendations of vice commissions appointed to study the social evil in the United States, as an exemplification of what was lacking ten years ago when toleration and segregation were the standards of control. These recommendations

<sup>1</sup>The organization and work of such committees is fully described in a recent pamphlet (No. 182) published by the American Social Hygiene Association.

<sup>2</sup>*The Passing of Segregation*, SOCIAL HYGIENE, iv, p. 197 ff., April 1918; *Social Hygiene Legislation in 1917*, *ibid.*, v, p. 67 ff., Jan. 1919.

set forth the new standards of repression and prevention, and a study of state legislation up to date showed how thoroughly these new standards have replaced the old ones. Repression was seen to have been definitely established with segregation eliminated, and prevention showed itself to be well under way. Public opinion had unqualifiedly decided that the commercialized and disease-carrying aspects of vice must be rooted out. Through an examination of the past year's enactments of state laws bearing on social hygiene, it was made clear what present tendencies seem to be. The few remaining deficiencies in the repression program are being supplied and the preventive standard is clearly shaping itself. Laws for the protection of women and children are coming to the fore and the more subtle and difficult problems of personal immorality and sex education are at last receiving some attention.

State laws, however, do not tell the whole story. Often these are of a general nature, or merely delegate legislative power to cities, or to commissions and boards, such as a licensing commission or board of health. To get a comprehensive conception, therefore, of how far American municipalities have measured up to the new standards of repression and prevention, a questionnaire was framed and sent out to city attorneys or librarians in one hundred cities of over thirty thousand population.

The detailed items of this questionnaire covered in the main the summary of vice commission recommendations already mentioned. But a few additions were made, especially as to measures dealing with regular prostitutes. Such measures appear in abundance, but with a seeming variety of form and approach, so that a separate study was made to ascertain the usual form and procedure. The results showed that the apparent complexity of such laws lay chiefly on the surface. Prostitutes are usually apprehended as "common prostitutes," "vagrants," or "lewd persons," or for "soliciting," "night walking," "loitering," "residing in or frequenting" house of ill-fame, or for "lewd or indecent act."

Questions arising out of this study, as well as a few relating to the use of telephone, automobile, and massage parlor for im-

moral purposes, were incorporated in the questionnaire. Other important matters, such as injunction and abatement, white slavery, age of consent, reformatories and training schools, and medical certificates before marriage, were omitted because they had already been compiled in previous tabulations.<sup>3</sup> But where such information had not already been gathered, the municipal questionnaire sought to do so. The questions asked referred to measures of control, whether covered by municipal ordinance, state law, or the regulation of a subordinate board or commission.

In the accompanying tabulation, the x indicates that the answer was "yes"; the —, "no"; the blank space that no answer was returned; and the 0 that the question in point did not apply to that particular city. For example, Birmingham and Chattanooga have no tenements, so that a question regarding tenement inspection has no bearing. Another illustration is the case of cities in which houses of ill-fame, street solicitation, and the operation of prostitutes in general had long since been prohibited, so that questions relating to the moving about of old prostitutes and the recruiting of new ones, or to the closing of bawdy houses under a contagious disease ban, are inapplicable. The same may be said of questions under "Saloons and Cafés" in cities where prohibition is in effect.

Thirty-eight cities answered the questionnaire and have been listed in the appended tabulation, so that the whole may be considered fairly typical of what measure of municipal vice control the United States possessed at the time the inquiry was made. The war emergency has resulted in even more radical advances since. The accuracy of the answers cannot be vouched for beyond what was stated on the returned questionnaires. However, in an inquiry of this nature, perfect accuracy is not to be expected.

The use of telephones, automobiles, and massage parlors for purposes of vice is a comparatively recent development, so that

<sup>3</sup> In addition to the citations in footnote 2, see Pfeiffer, T. N., *The Matter and Method of Social Hygiene Legislation*, SOCIAL HYGIENE, III, p. 69 ff., Jan. 1917.

Omaha, Neb.
Camden, N. J.
Newark, N. J.
Atlantic City, N. J.
Patterson, N. J.
Binghamton, N. Y.
New York, N. Y.
Rochester, N. Y.
Cleveland, O.
Portland, Ore.
Chestanoga, Tenn.
Dallas, Tex.
Houston, Tex.
San Antonio, Tex.
Salt Lake City, Utah
Norfolk, Va.

In General	Im	x	-	-	-	-	x	x	...	x	...	-	x	x	-	-	x
	Im	x	-	-	-	-	x	x	...	x	...	x	x	x	-	-	x
	M	x	-	...	x	-	-	x	...	...	...	x	x	-	-	-	x
	M	x	-	...	x	-	-	x	...	...	...	x	x	-	-	-	x
Against Prostitute	As	x	x	...	x	x	x	x	x	x	x	x	x	x	x	x	x
	As	x	x	...	x	x	x	x	x	x	x	x	x	x	x	x	x
	As	x	x	...	x	x	x	x	x	x	x	x	x	x	x	x	x
	As	x	x	...	x	x	x	-	x	x	x	x	-	x	x	x	x
	M	x	x	...	-	x	o	o	-	x	...	o	x	x	x	x	x
	R	x	x	...	-	x	o	o	...	x	...	o	x	x	x	x	x
	F	x	x	...	x	x	x	x	x	x	x	x	x	x	x	x	x
	F	x	x	...	x	x	x	x	-	x	x	x	x	x	x	x	x
	F	x	x	...	x	x	x	o	o	x	x	x	o	x	x	o	x
	F	x	x	...	x	x	x	x	...	x	...	x	x	x	x	x	...
	F	x	x	...	x	x	x	-	...	x	...	x	x	x	x	x	...
	H	x	-	...	x	x	x	x	...	x	...	x	-	...	x	x	x
House of Ill Fame	A	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	A	x	-	x	x	x	x	-	x	x	...	o	-	x	...	x	x
	A	x	-	x	x	x	x	x	x	x	x	o	x	x	x	x	x
	S	x	x	x	x	x	x	x	o	...	x	o	x	x	x	x	x
	M	x	-	...	x	x	x	-	o	x	x	o	x	x	...	...	x

The image is a high-contrast, black and white scan of a document page. It is heavily degraded with significant noise and artifacts. A vertical line runs down the left side, possibly indicating a binding or a fold. The text is mostly illegible due to the poor quality of the scan. There are some faint, scattered characters and symbols visible, but no coherent text can be transcribed.

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it might be thought that cities would be somewhat behind in legislating against them. The table indicates that municipalities have not been slow to take such new developments in hand. About half of the cities listed had already instituted measures of control in connection therewith.

For the repression of commercial prostitution, the returns seem to indicate that practically every municipality already has sufficient measures. However, the fining system is still retained alongside of the newer system of imprisonment looking to ultimate reformation, or of segregation in the case of feeble-minded women.

Houses of ill-fame appear, likewise, to have been sufficiently legislated against, both as regards keeping and as to those running or patronizing such, and, in cities where prohibition has not yet gone into effect (or had not when the inquiry was made), there seem to be adequate additional measures excluding the sale of liquor from bawdy houses.

Measures to free hotels and rooming houses from vice have not yet been universally adopted, but a substantial beginning has been made. It appears from the returns listed that in a great majority of cities hotels are already either licensed, regulated, or inspected and further requirements can be quickly made and enforced, since the power to revoke a license for non-compliance with requirements seems to be in force in the majority of cities. The setting of a time limit to the reletting of a room within twenty-four hours, the requirement that a guest have baggage, the passage of the tinplate ordinance, although such provisions are put forth by authorities as essential or efficacious in keeping hotels free from vice, seem to have achieved very little recognition as yet. Rooming houses were registered in about half the cities interrogated, and were inspected in two-thirds. In less than half were the number of persons per room regulated. Tenements appear to be inspected in about two-thirds of the cities in which they exist.

Half the cities investigated had already instituted prohibition when the municipal questionnaire was sent out, and a number have since been added to the "dry" column. All the remaining

cities replying were operating under some form of restricted license with power of revocation for cause shown vested in the licensing authority. Even where saloons still exist, private booths, connecting rooms, screens, and curtains seem to be prohibited in nearly two-thirds of our cities, although unattended women appear in a bare majority of instances to be allowed.

Dance halls would seem to be either licensed or supervised in practically every city, while the sale of liquor or saloon connection appears to be generally prohibited. The fact that a woman officer was required to be in attendance in half the cities listed showed that the public dance evil was finally receiving some attention.

Moving pictures were censored and supervised in three-fourths of the cities returning answers, and movie houses were licensed in practically all of them. Good lighting and adequate policing seem to be generally required, although unattended minors were prohibited in only half the cities listed. Places of amusement appear almost everywhere to be subject to supervision, and indecent vaudeville, nickelodeons, etc., to be suppressed in every municipality.

As for parks and public places, solicitation seems to be universally forbidden, and good lighting and adequate policing in parks appear as general policies. However, parks were closed at night in less than two-thirds of the cities reporting.<sup>4</sup>

Policewomen and morals squads seem to be already in vogue in nearly two-thirds of American municipalities, but morals courts and commissions appear quite conspicuous in being few in number, although where these have been established they have proved a decided success.

Curfew ordinances seem to be in force in less than half our cities, and minors appear excluded from messenger service in about a third. Rowdyism is almost universally suppressed, and every city seems to have the means of forcing an illegitimate father to support his child.

As for recreation and comfort, most of our cities appear to

<sup>4</sup> In this connection it must be remembered that many parks are unenclosed so that it is impossible to shut them up at night.

have recreation commissions and playgrounds or athletic facilities (although these are not always adequate). Social centers and public comfort stations, in marked contrast to a decade back, would seem to be generally established.

Housing and working conditions are receiving attention, too. Over half the cities under consideration had made provisions against over-crowding and practically all of them had taken steps to eliminate unsanitary conditions.

Working conditions in factories and stores are rapidly being rendered more wholesome. Employment agencies were in practically all of the cities reported subject to supervision. Although welfare secretaries appear to be utilized in less than half of the cities reporting, separate toilets and rest rooms for women seem now in existence almost universally, and night work for minors appears to be already prohibited in nearly three-fourths of our municipalities.

Medical measures of vice control are extremely important, and, as has been indicated, several are not mentioned in this tabulation. Those already studied showed that unprecedented progress had been achieved through state legislation. The measures here tabulated bear out those results. In about three-fourths of the cities returning questionnaires, venereal disease had been made reportable, and in practically as many compulsory treatment of the eyes of new-born infants, to prevent blindness through gonococcus infection, had been inaugurated. In over two-thirds, free laboratory tests were provided and free clinics in almost as many. The board of health had been instructed to inform the public regarding venereal disease perils in nearly three-fourths of the cities, and, where bawdy houses still existed, had in about the same proportion been empowered to close such under a contagious disease ban. This ratio likewise applied to the registration and licensing of midwives.

Regarding sex education in public schools to pupils and in training schools to teachers, nothing more than a start was indicated, two cities out of twenty-six (Pueblo and Rochester) having inaugurated measures. More encouraging progress, although very little, has been made in giving lectures to parents, about



one-fourth of the cities which replied having undertaken such a measure.

In summarizing the foregoing municipal measures of vice control no attempt has been made to offer suggestions as to further developments. All that the compilation has endeavored to do is to indicate the degree to which our cities appear to be measuring up to the minimum of the new standards of repression and prevention.

## PRUDERY AND THE CHILD<sup>1</sup>

WALTER M. GALLICHAN

The home and school nurture of children, moral, mental, and hygienic, is concerned chiefly with the direction of the amative life to the highest personal, social, and racial virtue and happiness. This vital essence of education is now recognized by many parents and teachers. But the mass of men and women do not realize their parental and civic responsibilities. In the average family there is no training of the young in the conduct of the strongest of the human emotions and physiological impulses. Not only is such guidance neglected, but it is even condemned in many cases as a danger to sexual morality.

Many parents assume that Nature leads rightly in this matter of sex, and that "instinct" is the true teacher. This perilous fallacy is accountable for much mental suffering, bodily disorder, sexual aberration, and vice. Nature "teaches" the animal assailed with a periodic appetite how to appease it without injury to itself, to offspring, and the herd. Man lacks this automatic direction of behavior. He cannot find his way in the jungle by scent, or by a mysterious faculty which is the secret of the brute and the migratory bird. In all of his supreme activities man is forced to employ reflection, reason, and the method of trial and error. A mouse knows the right way to nourish and bring up her young, while a civilized woman, without experience, needs instruction in the care of her children.

I hold that the greatest impediment to rational education in sex ethics and hygiene is prudery. This factor of intellectual and moral degeneration is as far removed from modesty as love is from hate. The prude is an abnormality. He or she is at variance with the whole scheme of Nature. The immense prevalence of prudery in the civilized communities is no evidence of

<sup>1</sup> Reprinted, by permission, from *The Child*, August, 1918, published by John Bale, Sons & Danielsson, Ltd., London.

the essential normality of the phenomenon. We all tend to more or less prudishness in our attitude to sex.

Analyzed to its fundamental source, prudery is a morbid dread of the human body, mingled with lascivious secret feeling. Absolute modesty banishes prudery. To the pure all things are pure. Modesty is primarily an instinct to avoid causing disgust in others, but this sense is not inborn. The young child has to be taught modest behavior. Children when untaught have no shame for nakedness, and no reserve in performing excretory functions. Unfortunately most juvenile education tends to the development of prudishness more than to true modesty.

The accentuation of shame for the body causes a false attitude to sex in the great majority of minds. In an endeavor to inculcate decency, most parents unconsciously stimulate undue preoccupation with the reproductive organs and their use. It is necessary to teach the child that it is contrary to refinement and consideration for others to cause disgust by speech or actions. This is the cardinal precept of modesty. But it is fatal to instil the idea that there is anything inherently impure or indecent in the human body. When a child is told that the body is "the temple of divinity," and also that the body is contemptible or "vile," an utterly confused and contradictory valuation of sex is sure to arise in the mind. The not unnatural conclusion of the unformed intelligence will be that of the uncultured ascetics of old, who asserted that the brain and organs of the upper part of the body of man were the work of divine wisdom, and that the body below the waist was designed by demonic powers.

The attempt to over-value one set of organs at the expense of others is an extremely dangerous experiment. If parents and teachers unwisely stress the view that the racial or germinal function is the "lower" or "purely animal," and endeavor to minimize its importance by exalting the higher functions of the brain, children are apt to associate sex with physical manifestations alone. If we wish to spiritualize the sexual impulse and its activities, we must teach the truth that the generative system is closely linked with, and indeed inseparable from, the cerebral organization. Instead of representing sex as an instance of man's

decline from a high estate, we should explain that it is precisely our complexity, range, variation, and expansion of the erotic emotion which chiefly distinguish us from the rest of the animal kingdom.

The fact that human beings are more under the dominion of the passion of love than the brutes should be pointed out clearly to all adolescents. But there must be full explanation of the equally important truth that it is just this higher development of the impulse in man that endows him with the finer psychic potentialities. From this heightened amative capacity spring the highest forms of altruism in conduct. The enhanced power to love and to bestow happiness to the loved person calls forth all that is noblest in humanity. From the primary erotic need develop parental solicitude, self-denials, and frequently the finest heroism. By the sublimation of the vital yearning of sex, man may become, in the true sense, "the lord of creation."

Prudery is completely inimical to rational and moral estimates of sexual love. The attitude of disesteem for the body, and disgust for that which is not repellant to the sane mind and normal senses, cause some of the grossest distortions of judgment upon life and human nature. Attempted concealments, evasions, and falsehoods bewilder the minds of children, and create the spurious mystery that intensifies secret curiosity. The very disgust evoked imparts a morbid fascination to the subject of sex. That which is taboo and esoteric arouses the keenest curiosity and speculation, and an ill-directed or unappeased inquisitiveness frequently becomes obsessive and disordered.

The prudery of many parents exposes their children to serious risk of corruption. It is now known that sexuality in the normal child is frequently aroused spontaneously by processes within the body, and that undesirable practices are acquired without teaching or example. There is the menace that infantile and childish impressions may become fixed, and that perversion may result in adult life. There is the peril also that the unenlightened child's mind may be poisoned by ignorant or vicious companions. After many years of research, I am convinced that a prudish

upbringing of children of both sexes prepares the way for future irregularity in sexual conduct, the formation of an inveterate auto-erotic habit, the development of perverse impulses, unhappy wedlock, and several kinds of hysterical and neurotic disorders. The prudishly trained boy or girl is handicapped with a very bad start in life.

The true protection of the young is in knowledge, gradually acquired from the mother's knee, and through the whole period of education in childhood and youth. Ignorance is never an effective armament. We cannot keep the young mind shielded from every source of knowledge; they are too numerous. Moreover, counsels of ignorance are wholly impotent in suppressing the automatic, spontaneous sensations and cravings. Guidance is imperative from the time that the child leaves the cradle, and this guidance involves the possession of knowledge, tact, and sympathy by the parent and the teacher. We have to begin this moral and educational reform by educating the parents to a sense of their responsibility, and by expelling false modesty.

Prudery and indecency have proved a terribly hostile alliance against purity of thought and conduct. Sex can only be saved from the swamp by the strong aid of scientific knowledge and scientific ethics. It is admitted by many thoughtful clerical teachers that the exhortations of religion are inadequate. There must be a sure basis of biological knowledge and a psychological faculty in all teachers who essay to lead youth in the path of chastity.

St. Jerome, in a letter to Eustochium, gives an excellent definition of prudery. He describes the prudish woman as one who "regards as gross whatever is natural." The association of the gross or the sinful with sex must inevitably destroy the attitude of reverence in the young mind. We cannot instil a fine erotic idealism by teaching children to insult Nature. This is not the way of sublimation. We must think purely of that which is intrinsically pure. Love is the great purifier and refiner of humanity, and the source of this passion is in sex.

Let no counsels nor suggestions of prudery imperil the clear

mental vision of the child. Respect for the body and the vital impulse of love is the sole moral safeguard for youth. Disrespect for sex is the great anomaly of civilization. It is a result of a distorted view of modesty and refinement. Prudery, profanity, and obscenity have violated the sanctuary of love.

## THE AMERICAN PLAN<sup>1</sup>

Up to the time of the war, the American health officer, with his brilliant record for conquering such lesser evils as yellow fever, typhoid fever, smallpox, and malaria, felt that the venereal diseases were entirely outside his field. He accepted the dictum that they were "different." As a result, venereal diseases maintained their prevalence and the cases were not even counted. Society paid for its neglect in wrecked homes, childless marriages, invalidism, blindness, and insanity. And still venereal diseases were "different."

Out of the war, along with all the suffering and destruction, has come much good. One benefit has been a change of this attitude and the creation of an American plan for banishing the vast amount of ill-being and pain and death caused by venereal diseases. This American plan is an entirely new concept. It is not new in any one part, but new in its combination of all the consistent, worth-while methods, and new in that it squares with the highest American standards of upright living. And it is sound in its sociology as well as in its preventive and curative medicine.

If the American plan is to live and develop steadily into a better and still more effective plan of the future, the people of America must understand it. The silence of the leaders must be broken and their mouths must utter the truth with understanding. The lawyer and the statesman, the teacher and the clergyman, need more than the selected data which are scattered about with popular propaganda. They should have ready access to those fundamental facts about venereal disease on which successful methods of control must rest.

Venereal diseases have at last been recognized as prevalent, destructive, and preventable. They have been brought into the open and they cannot stand the light.

WILBUR A. SAWYER.

<sup>1</sup>From Introduction to *Today's World Problem in Disease Prevention*. By JOHN H. STOKES, issued by U. S. Public Health Service, 1919.

## LAW ENFORCEMENT — A PLAN FOR ORGANIZED ACTION

PAUL POPENOE

*Law Enforcement Secretary of the American Social Hygiene Association*

Commercialized prostitution in any community can be suppressed by law enforcement; and this enforcement can be greatly stimulated by a small organization of independent citizens who will keep informed on the efficiency of police, courts, and other agencies involved, and will take such steps as are necessary to make the law enforcement machinery work smoothly.

The committee should be representative of various professions, religious denominations, political parties, and of both sexes; the majority of its members may well be from business and labor. Its effectiveness will depend largely on its remaining strictly non-partisan. If a larger organization is desired to enable greater influence or financial support, the actual management of affairs should be entirely in the hands of an executive committee. The organization should have an impersonal name, and one which does not carry too much tradition of ancient "reform" fights. New York's Committee of Fourteen, Chicago's Committee of Fifteen, Montreal's Committee of Sixteen, and Utica's Committee of Twenty have names that arouse no hostility by their connotations.

The committee should be incorporated; its members are thus protected from undue personal liability, and it can bring suits (*e. g.*, for injunction and abatement of houses of prostitution) in its own name. It is often difficult to find a suitable individual who will lend the use of his name for such actions; while in many cases prosecuting attorneys can not or will not file suits in their own names.

Some assurance of permanence is essential, for the underworld is accustomed to short-lived gusts of reform, and is patient in



waiting for storms to blow over. If, however, a determined law enforcement committee has financial guarantees to run it for at least two or three years, it will be able to starve its opponents out. Moreover, a feeling of security and permanency adds greatly to the efficiency of all the employees of the committee.

In larger cities, the committee should have a permanent executive secretary, who will probably be a lawyer; together with the necessary clerical assistants and investigators. In smaller cities a permanent paid staff is often not feasible; yet to depend on voluntary work of members of the committee usually invites failure.

In some states, it would be practicable to have law enforcement committees in a number of cities with one central, paid office force and investigators to work the various communities in turn. Otherwise, the American Social Hygiene Association will endeavor to furnish such skilled assistance as will help law enforcement committees to carry on their work successfully without too great a cost.

#### THE COMMITTEE'S FIRST DUTY

The first duty of a law enforcement committee is to find where, how, and by whom the law is being violated in the city. This information ordinarily must be secured by a trained investigator "under cover." The information so acquired should not be used as evidence in court; the purpose of a law enforcement committee is not to enforce the law itself, thus taking off the city and county officials the responsibility which they are paid and sworn to assume; but to encourage and aid officials in enforcing the laws.

When they have an under-cover report in their possession, the members of the committee should check it up so far as possible by a first-hand investigation, even if it be much less exhaustive, in order that they may speak with assurance on local conditions. Their investigation should be both under cover and open.

For an under-cover investigation, the purpose of which is to disclose the extent of law violation, members or friends of the committee should talk with taxi drivers, hotel porters and bell-boys, bootblacks, barbers, pool-room habitués, soft-drink dispensers, patrolmen on beats, and the other common sources of

information on prostitution; and should visit cabarets, all-night cafés, dance halls, moving picture theatres, etc.

The open investigation will be much more extensive, and will deal with the personnel and equipment of the city's law enforcement machinery.

#### THE CITY'S EQUIPMENT

In equipment, the committee should first find what exists, and then what additions are needed. Every community, no matter how small, can afford to have a sanitary jail, and a court-room not infested by spitting loafers. Most can maintain adequate hospital facilities, both free and pay, for venereal patients, either in large hospitals<sup>1</sup> or in some cases by establishing separate venereal quarantine or isolation hospitals. Provision must be made for both sexes. Large cities should have a separate detention house where women and girls who are not hardened offenders can be held without being branded as "jail birds." It is usually desirable to have a clinic in the jail, where prisoners can be both examined and treated, and outside the jail there should be a free clinic, open in the evening as well as in the day.

The state should have a women's reformatory, on a large tract of land; adequate facilities for custody of the feeble-minded (especially women of child-bearing age), adequate funds for the state board of health, and particularly for its bureau of venereal diseases, compulsory venereal examination for everyone arrested on a charge involving sexual morality; and the necessary laws, both state and city, to make the conviction of those involved in commercial prostitution possible. Among laws which may be needed are:—

(a) A law penalizing the owners, agents, or lessees of property who knowingly, or with good reason to know, rent or sublet their properties in whole or in part for immoral purposes.

(b) A law known as the "Injunction and Abatement Law" requiring city or county attorneys, and permitting individual citizens, to close

<sup>1</sup> Many good hospitals will not admit venereal patients because "it puts a stigma on the name of the institution." This attitude is to be reprobated. Certainly no hospital that is in receipt of any public funds should be allowed to exclude venereal patients.

by injunction houses used in whole or in part for purposes of lewdness, assignation, or prostitution.

(c) A law penalizing solicitation for prostitution either by prostitutes or by go-betweens, including keepers of houses of prostitution, bellboys, porters, chauffeurs, etc., who may bring persons together for immoral purposes.

(d) A law penalizing those who visit any place, structure, or building for immoral purposes.

(e) An ordinance requiring all transient hotels and rooming houses to be licensed annually; providing for their supervision and revocation of licenses upon violation of laws against prostitution; requiring that a proper register of guests be kept, etc. (This has proved to be one of the most effective and easily enforced measures against prostitution, wherever tried.)

(f) A law (or regulation of the state board of health) recognizing venereal diseases as being infectious, communicable, and dangerous to the public health.<sup>2</sup> This recognition means that cases must be reported to the health authorities just as much as cases of smallpox or yellow fever are reported, save that provision is made to protect the diseased person from loss of reputation by exposure. It also gives the health authorities power to secure proper treatment and supervision of venereal carriers, even by quarantine if it appears that the diseased person will not voluntarily safeguard the public welfare.

(g) A law providing commitment to a reformatory or other institution for women convicted of prostitution, fines being abolished.

(h) A law making statutory rape apply to both sexes, so that prostitutes will be restrained from catering to young boys.<sup>3</sup>

<sup>2</sup> Either through such regulations or by statute, the state should prohibit the advertisement and, so far as possible, the sale of patent medicines intended for self-medication in gonorrhea or syphilis; and should also prohibit the advertisements of "specialist" quacks who prey on the victims of venereal disease. A large part of the infection of innocent wives and children is due to men who, through treatment by nostrums or quacks, honestly think themselves cured. The committee should make it a point to see that these laws or regulations are enforced in its community.

<sup>3</sup> For example, the Washington law (Sec. 2436, Rem. and Bal. Code) directs that:—

Every *male* person who shall carnally know and abuse any female child under the age of 18 years, not his wife, and every *female* person who shall have sexual intercourse with any male child under the age of 18 years, not her husband, shall be punished as follows:

- (i) An ordinance regulating dance halls and skating rinks.
- (j) An ordinance licensing taxicabs and public automobiles.
- (k) A law providing for the expeditious removal from office of any municipal or county official who neglects or refuses to enforce these laws.

Most cities now possess many if not all of the above laws.<sup>4</sup>

#### THE NECESSARY PERSONNEL

Under the heading of personnel, the committee should see that there are proper patrolmen under civil service, a plain-clothes squad of detectives, policewomen (both uniformed and plain-clothes), a jail matron, girls' protective workers (not attached to the police department), a good genito-urinary specialist at the jail instead of the ordinary political jail doctor; a full-time city health officer, experts at the clinics, a psychologist or psychiatrist to give mental examinations to prisoners (it is especially important to detect the feeble-minded among prostitutes); follow-up work at the clinics and probation from the courts; and some city official, aside from the policeman, to prosecute cases in the police court.

#### USE OF INFORMATION

Having secured and digested the necessary information, the committee will then hold a meeting with the principal city and county officials, lay the facts before them, and outline such remedies as it thinks necessary. In the case of individuals, it will suggest whether a delinquent official should be prosecuted, discharged, or merely stimulated to more activity. In the case of

(1) When such child is under the age of 10 years, by imprisonment in the state penitentiary for life.

(2) When such child is 10 and under 15 years of age, by imprisonment in the state penitentiary for not less than 5 years.

(3) When such child is 15 and under 18 years of age . . . by imprisonment in the state penitentiary for not more than 10 years, or by imprisonment in the county jail for not more than one year.

<sup>4</sup> Model forms of the above and similar laws can be secured from the United States Public Health Service, Division of Venereal Diseases, 228 First Street, N.W., Washington, D. C.

lack of equipment, the committee will help to get adequate funds and laws. Sometimes it can aid in the prosecution of cases in police courts, and it will see that prostitutes are followed up from the first arrest to the time when they are discharged in custody of a parole officer. Incidentally, it is desirable for members of the committee to spend much time at the ordinary sessions of the police court.

In the first place, it is usually necessary to convince the officials that the business of prostitution *can* be abolished; for they are frequently advocates of the old policy of segregation and regulation which wide experience as well as scientific investigation has now thoroughly discredited. It is now generally realized, by those who have given attention to the subject, that the commercial prostitute is not in business for her health, but for the money she can make out of it, and that she will quit if the conduct of her business is made so unprofitable that she comes out on the wrong side of the ledger. This can be done by jail sentences, or by commitment to a reformatory in the cases of old offenders. Fines of the ordinary size, \$5 to \$50, merely amount to a license which stimulates the business and makes a super-pimp of the city.

It must also be shown that an honest campaign of law enforcement will do more than merely scatter the prostitutes. This theory, again, was thoroughly tested during the war. The underworld, and those who unknowingly took their opinions from the underworld, felt sure that law enforcement in the cities would (a) drive prostitutes from a segregated district into the residential district, and (b) drive them from the city to the small country towns roundabout. Both of these ideas have been found, on the basis of abundant experience, to be wholly imaginary. Commercial prostitution, like other businesses, depends on the presence of a large body of potential customers and on the attraction of these customers by suitable advertising. These conditions can not be met in the residence districts of cities, or in small country towns, unless the police in both cases connive at it.

On the other hand, there is a possibility that the prostitutes may merely be driven to other large cities. To avoid this—and

it should be avoided both for the good of the commonwealth and in justice to the prostitute herself—it is of the highest importance that the measures for following up prostitutes after they have once been apprehended, be thorough. Every one should certainly be placed under medical care until she is non-infectious.<sup>5</sup> The feeble-minded, who comprise probably one-third of all prostitutes, should be committed to an institution for life-long custody; there is no chance of reforming them. Others who are first offenders should be paroled to a relative or trustworthy friend, with supervision from the probation officer. Those of the commercial type are usually deterred by a short jail sentence, unless they have been in business too long, in which case several years' commitment to an industrial farm will build them up physically, mentally, and morally, and teach them some other gainful occupation. After discharge either from the reformatory or jail, a prostitute should be sympathetically followed up in an endeavor to keep her in an environment where she will be exposed as little as possible to solicitation.

Such a course is much less expensive to the taxpayers than letting the prostitute remain at liberty to disseminate venereal disease. It should now have been demonstrated to the satisfaction of everyone that the preponderating rôle in this dissemination is played by the professional prostitute. This has often been denied, and the blame placed on the casual offender—largely, it appears, through the not disinterested reiteration by the prostitutes themselves of the claim that the professional did not carry disease.

The absurdity of this might have been seen in a moment by anyone with an elementary knowledge of contagion. In fact, it is now indisputable that the amount of disease spread by a woman is roughly in proportion to the number of opportunities she has; and as the professional prostitute exposes ten men to

<sup>5</sup> Examination of thousands of prostitutes in the United States during the last few years has shown that, without much difference due to color or social status, from 75% to 95% are infected with gonorrhea or syphilis or both. Most women who have been prostitutes more than a year or two have chronic gonorrhea, which is difficult to cure.

infection<sup>6</sup> for every one who is exposed by the amateur, the damage the two do is measured pretty nearly by the same ratio. The experience of the Surgeon General's Office, U. S. Army, indicates that at least 75% of all infection of men is due to professional prostitutes. One illustration: in a draft of about 500 white men from an Oklahoma county, received at Camp Bowie, it was found that 90% of the men were infected with venereal disease. Medical officers at once investigated the antecedents of this extraordinary draft, and it was found that the county from which these selects came was the only one in Oklahoma that allowed red light districts to exist.

While the detection and isolation of the professional prostitutes is thus the most important step to be taken to control disease, the committee in all its dealings with the city officials should insist that adequate sentences be passed on the men arrested with prostitutes. Ordinarily a stiff fine will serve the purpose as well as a jail sentence; but in addition men, like women, should invariably be sent to a clinic for examination, and if found to be infected should be placed under control of the board of health for treatment until cured. In the case of pimps, panders, and other worthless characters, actual quarantine under lock and key has an excellent psychological as well as physiological effect.

One of the effective attacks on commercialized prostitution is that which is directed against those who profit by it indirectly; and as these persons have frequently some political or financial influence in the community, the backing of the committee will be invaluable to the city administration, giving it courage to go ahead. Closing of disorderly hotels, revocation of licenses of cafés, cabarets, dance halls, for-rent automobiles, and such measures, which are indispensable to a real clean-up, arouse immediate hostility from those who are profiting financially by their

<sup>6</sup> And is herself thereby exposed ten times to the chance of infection. Moreover, even if she escapes infection and is capable of passing a "medical inspection" with a clean bill of health, she still can and does act as a carrier or means of transmission of disease from one man to another. This is one of the many reasons that make the medical "regulation" of prostitution a ghastly farce.

partnership with the prostitutes. Many of these persons fear publicity more than they do actual prosecution. The committee can with advantage aid the city administration in appealing directly to reputable owners of property that is being used for prostitution, urging them to coöperate by getting rid of undesirable tenants. It does not take long for a committee to secure the active assistance of all the reputable property owners in the community. The underworld is then obliged to confine its activities to premises owned by its own kind; and these can be proceeded against vigorously. If they see that they are in for a real fight, they will almost always quit, for the expense of defending suits, even if successfully defended, takes all the profit out of business.

Sometimes coördination of various city departments, or of city and county officials, is all that is needed to secure results. It may be found that, if the police court assesses more than a nominal fine, the prostitute takes an appeal to the county court, which admits her to a nominal bond and never brings the case to trial because it is swamped with cases that it considers more important. Or the police may allege that they do not arrest prostitutes because of the impossibility of getting the police justice to convict. The latter on the other hand may say that the police never present any evidence against a prostitute except their own testimony as to what they consider her "general reputation." In almost every city there is at least one weak wheel in the machinery, and it is above all else the duty of the committee to find this and strengthen it. Usually an impartial investigation will show where the defect is, and sympathetic conferences will remove it. In case the trouble lies with the judge, it may be necessary to place a stenographer in his court for a few days to take down a report of the proceedings in all cases involving prostitution. If the difficulty necessitates an additional appropriation—as for example to furnish the county or district attorney's office with an investigator—the committee can perform a genuine service by helping to secure the appropriation and to educate the taxpayers to its legitimacy. If all that is needed is a spirit of get-together, the committee, being neutral and made up of



citizens whom the officials respect, can act successfully as coördinator. If insincerity or unwillingness to enforce the law by any official develops, and continues after a fair warning and offer of assistance, the public will have to be informed of the facts, and as a last resort ouster proceedings must be started to remove the recalcitrant from office. One such case will serve as a warning for many years to all other officials.

In some cities it will be desirable to investigate carefully the bail system, ascertaining whether adequate bail is required and whether it is furnished *bona fide* or whether the worthless signature of a shyster lawyer is accepted. The committee should ascertain whether bonds that are forfeited are actually collected, and whether fines that are assessed actually find their way in full to the treasurer. Persons who are suspected of having venereal disease should not be released on bail until it is certain that they will not or can not infect others.

In southern states it will be necessary to insist that the social hygiene program in its entirety be carried out in the Negro as well as in the white population.

To prevent abuses that may discredit the entire work, it is often desirable for the committee to emphasize that a law enforcement campaign is directed primarily against commercialized prostitution. Marital irregularities, for instance, hardly fall within its scope; they can best be attacked by educational methods.

It will ordinarily take a series of meetings with various officials to lay before them all the necessary facts and arguments, to convince them that the committee is not out merely to make political capital; and to develop effective plans for dealing with the local situation. These meetings, which should not be attended by too much publicity, will in themselves frequently produce as satisfactory results as can be expected, and in that case the committee will be able to rest on its oars for another three months, when another investigation is due. Such a procedure protects the reputation of the city by bringing about improvement of conditions without any newspaper notoriety, any "purity crusade," any "reform fight," or any washing of dirty linen in

public. Most city officials are intelligent enough to see that aid of this kind given by a citizens' committee is greatly to their advantage.

#### PUBLICITY A LAST RESORT

Failing to produce results, the committee's last recourse is publicity through the press, pulpit, and in every other available manner. This is only a last resort, however, for it commonly means a fight on the local officials; and they can usually be induced to do more work by friendly assistance than by attack. It must be remembered that they are in office and charged with enforcing the law, and that it is difficult to oust them from office. So long as they retain office, the committee should usually take the attitude that it expects them to do their duty and will help them to do it.

The committee should maintain files with a record of all its investigations and meetings and a full record of the acts of every official in the city, so far as they bear on law enforcement. These can properly be used for the information of voters, if they are not employed in a partisan way. Particular pains should be taken not only to expose bad records but to let the records of good officials be known and appreciated.

#### PROTECTIVE WORK FOR GIRLS

As it is of the greatest importance to prevent the creation of new prostitutes, the committee should give encouragement to protective work for girls, as well as to a broad recreational and educational program which will do more than anything else to protect them. For the commercial prostitute, a policewoman does very well; but for the border-line cases, the girls who are delinquent but not yet hardened offenders, there should be a protective or welfare worker who should be connected not with the police department but with some private organization. In this way a young girl who is investigated or assisted will not be thought by her neighbors to have been taken up by "the law."

In this connection voluntary censorship of motion picture and other theatres by good citizens is important. The Big Sister

movement may well be encouraged. Strict police supervision of dance halls and cabarets, adequate lighting in streets and parks, etc., are necessary.

As the committee needs to be backed by public opinion, it should assist actively in disseminating education in social hygiene. It must also back an adequate recreational program. These topics may seem far afield for a committee whose avowed purpose is to secure respect for the laws that protect the home; but unless the committee recognizes that the program of social hygiene is many-sided, and that the omission of any part of it is fatal, it will not secure the results to which it is entitled.<sup>7</sup>

On the other hand, abundant experience has shown that, given the necessary machinery, it is much easier to clean up a city than has sometimes been thought. Failures in the past have commonly been due to a failure to apply the social hygiene program as a whole.

Critics have harped on the fact that "you can't change human nature" until some of them have actually believed that commercial prostitution—and it is commercial prostitution that is responsible for most of the medical as well as for the worst economic and moral effects of sexual promiscuity—could not be eliminated. The underworld has been particularly assiduous in spreading this propaganda.

Experience during the war has shown, however, that the business of prostitution can be destroyed with relative ease. Really all that is necessary is for the denizens of the underworld to realize that the city is in earnest, and they will quit, for they can flourish only with police protection, active or passive. Not only can an honest police administration break up commercialized prostitution with relatively little difficulty, but it can even be done by a thoroughly corrupt police force which has been assured that it will lose its job if it does not get rid of the pimp, prostitute, and procurer. When it sees that a city administration

<sup>7</sup> The four indispensable elements of a successful program of social hygiene are law enforcement, medical, educational, and recreational. The last three are discussed in other pamphlets, which can be secured from the American Social Hygiene Association, 105 West 40th Street, New York.

means business, the underworld will not fight; and it may be laid down as axiomatic that the existence of any considerable amount of commercial prostitution in a city proves that the city administration, whatever it may say on the subject, wants commercialized prostitution there.

Commercial prostitution is not a necessary evil; it is a business—one of the most lucrative known to those who exploit it. Any city administration can ruin this business if it wants to; and it will usually do so if the citizens prove that they want it ruined.

## EDUCATION AND MORALITY<sup>1</sup>

The relationship of education to morality is bound up into one of two conceptions and at best in the case of many good men of both these conceptions. To some, sex hygiene in our secular schools is denoted; to some copy book morality through the church; to a great many both these things. So far as I am concerned, I am firmly convinced not only that neither alone is sufficient, but that both together can achieve little unless very much more adequately organized and co-related than is the case today.

Education based on the spread of the knowledge of the effects of venereal disease amongst adolescents and post-adolescents is a step in advance, but it is fraught with tremendous potentialities for evil. Co-ordinate and co-relate the education of the young in our public schools, give attention to the moral incentive through the churches and add to this a sane knowledge of the venereal peril, and we have made a real step in advance. It is a fact, however, that at no period in human history has either abstract knowledge or fear kept folks from transgression. As an advocate of the doctrine of original virtue over that of original sin, and, moreover, as a confirmed optimist, I am, nevertheless, not so optimistic as to suggest the teaching of sexual hygiene as a universal panacea, the introduction of which will banish from the earth an evil as old as man. What is suggested is that the generation will be educated to a higher and a nobler concept of life by the welding together of the moral with the intellectual process, which will remove the glamor from the sin, which will make the sinner realize, at least, social responsibility, which will make it, of necessity, a matter, not merely of a negation of morals, but of a negation of both reason and morals—a combination which is rare. I know many men who will not be deterred from any immoral act by the fact of its immorality, but who, because they are apostles par excellence of the doctrine of expediency, would be loath to err if it was obviously inexpedient. We have to teach, then, the inexpediency of sexual immorality, but we have to teach also the higher doctrine that it is both immoral and inexpedient.

EMANUEL STERNHEIM.

<sup>1</sup>From address to the Rotary Club of Sioux City, March 10, 1919.

## BOOK REVIEWS

**APPLIED EUGENICS.** By Paul Popenoe and Roswell Hill Johnson. New York: Macmillan and Co., 1918. 459 p.

This book is a rather popular exposition of the subject of eugenics; yet it is written with a thoroughness that neglects neither the foundation of biology, nor the superstructure of sociology.

The discussion on "Nature or Nurture?" drives home the lesson of the value of heredity by discussing Jacob Riis's statement that "There is just one heredity in all the world that is ours, we are the children of God, and there is nothing in the whole big world that we can not do in His service with it." But suppose that we are idiots, or even morons, what can we then do?

Throughout the book excellent use is made of plates and original data previously published in the "Journal of Heredity." A rare collection of illustrations is thus obtained, which well deserved a setting in permanent form.

The authors' views on the continuity of the germ-plasm will no doubt meet with much biological criticism. Their final conclusion that "The evidence that the germ-plasm can be permanently modified does not warrant the belief," seems to dismiss too lightly the large body of achievement of the experimental evolutionists. Since the inheritance of acquired characters is no longer defended by scientists we need some means of accounting for all the progress from the amoeba us-ward, and to say "spontaneous variation" is scarcely more than to say that we do not know the cause of the variations.

The superstition of prenatal influences is effectively dealt with.

A chapter full of widely-gleaned material on the differences among men lays a foundation for the discussion of the laws of heredity.

The authors recognize that the old Mendelism, with its innumerable unit-characters, and determiners for everything imaginable has been superseded. Anent feeble-mindedness as a unit character, they say, "How can one speak of a unit character when the unit has an infinite number of values? Is a continuous quantity a unit?" Morgan is quoted as being "inclined to think that the overstatement, to the

effect that each factor may affect the entire body, is less likely to do harm than to state that each factor affects only a particular character." Natural selection is discussed from the point of view of not only the selective death rate, but of the selective birth rate, and the selective marriage rate. The failure of populations to maintain constant characteristics because all parts of a group are not equally fertile is exemplified in a wealth of figures regarding relative fertility of various classes. The final statement that "Natural selection has raised man from apeshood to his present estate" would seem unwarranted if there is "no evidence that the germ-plasm can be permanently modified." Evidently there has been permanent modification between the ape and man.

In the discussion of the history of eugenics, and of eugenics in relation to this and that reform there is an occasional lapse from the fine scientific flavor of the book, and "eugenics" is personified, and almost deified. Here is a sample: "For eugenics wants in the world more physically sound men and women with greater ability in any valuable way." This reminds us of the kind of popular literature which tells us what "nature intended."

The need of restrictive eugenics is well recognized, and marriage restrictions, segregation, and in some cases sterilization before marriage are advocated. To that end, "a proper sterilization law to provide for cases not better treated by segregation" is advocated. As to consanguineous marriages, those "no closer than those of first cousins" are "neither condemned nor praised indiscriminately."

The two chapters on the chances of improvement of sexual selection, and increasing the birth rate of superiors should be of utmost value if the book receives a wide popular reading. The problem is to increase assortative and preferential marriages, at the expense of those largely random. There is indeed already a considerable correlation between average husbands and wives concerning such matters as stature, poverty or wealth, intelligence, etc. This correlation is often as close as that between brother and sister. As to *methods* of increasing marriages of superiors, improved ideals, emotional education, instead of purely intellectual education, wider opportunities for young people to meet, thus increasing the range of selection, with a frank advocacy of birth control or contraception for the less well endowed (such methods being already in the hands of most "superiors"), are those that receive approbation.

The extensive array of statistics presented showing the low birth rate as well as the low marriage rate of intellectuals can hardly fail to arouse the eugenic conscience of those same intellectuals, if once the message of "Practical Eugenics" gets across to them. For this situation the authors have no other remedy than a more widespread knowledge of eugenics, and the inculcation in the young of a sense of racial responsibility.

The chapter on "Eugenics and Special Reforms" is marked by the tendency toward wholesale condemnation of single-tax, democracy, socialism, the minimum wage, mothers' pensions, feminism, etc., and constitutes in this reviewer's opinion the weakest part of the book. Conclusions in this section of the book seem to be based upon very little. The condemnation of the minimum wage, for instance, because "it interferes with the adjustment of wages to ability" seems unwarranted, for ability consumes no more bread than inability, and surely is usually in command of remuneration sufficient to secure that bread. Surely the rewards of ability are not largely financial. The argument that the minimum wage will enable inferiors to rear *more* children, is curiously incompatible with the proof in a previous chapter that raising the standard of living actually does cause people to rear fewer children.

The discussion on feminism seems to me to be full of condemnation for a kind of woman that is strictly man-made, the so-called intermediate sex. Even equal suffrage comes in for mild condemnation. Economic independence of women, economic equality of the sexes (equal pay for equal work) are condemned as impossible and undesirable. Why impossible, we fail to see. The fine-spun reasoning by which it is sought to prove that paying each an equal amount for ten pages of typewriting, or for ten days' service as principal of the same or similar schools, is beyond our comprehension. It may not be possible to have equal pay for equal ability, but you can not have that as between man and man. The statement that "It is normally impossible for a woman to earn her living by competitive labor at the same time that she is bearing and rearing children" interested the reviewer, for that impossible thing is exactly what she herself (as well as many another woman) has done during her entire married life.

In fine, as to the contentions in this book regarding feminism, the reviewer does not believe a word of them. What about the eugenic benefits from making women as well as men selectors in marriage? They were hardly that when every woman must accept some marriage



or perhaps any marriage as a means of livelihood, even though the marriage was dysgenic to the last degree. I believe that feminism can not fail to improve the race, even if quality is achieved at the expense of numbers.

On the whole, *Applied Eugenics* is a valuable book. It is valuable because it takes eugenics out of the realm of abstract knowledge, and discusses concretely its application to the civic and social life of our time.

A. E. B.

THE UNMARRIED MOTHER. A STUDY OF FIVE HUNDRED CASES. By Percy Gamble Kammerer. Boston: Little, Brown and Company, 1918. 343 p. (Criminal Science Monograph No. 3.)

This critical study of selected case histories has come to the public, ushered in by the Committee on Publications of the American Institute of Criminal Law and Criminology, prefaced by a well-known friend of young people whom mental conflict, stress, and passion have led to mistaken ends, Dr. William Healy. "Not in many a generation," as Dr. Healy points out, "has discussion of the whole subject (of illegitimacy) been so timely as at present. . . . Now the nations will most unwontedly have to face, in a very literal sense, the living issues of unlegitimized sexual union. In some countries foreseeable exigencies may even cause such production of offspring to be encouraged. In order better to meet the ordinary situation and also this unusual problem due to military conditions, we particularly need the real facts about illegitimacy as it has existed with us and elsewhere, and to know for comparison the various laws and customs concerning treatment of illegitimate parents and their children." To the questions "Who are these unmarried mothers; what are they mentally, socially, physically; what becomes of them; what are the traits of their offspring; how do they flourish and whither do they tend," Mr. Kammerer's book sets out honestly and faithfully to determine answers.

That the problem is widespread in its importance, he indicates in the opening chapter, which contains statistical facts relating to the problem of illegitimacy and its results in mortality and crime in the various countries and cities of the world. American figures, as is now well known, because of "our backwardness in the registration of vital statistics" are practically too meagre for purposes of comparison. The author estimates from figures elsewhere, however, that "the situation

is relatively common in this country" as well as abroad, and advances the conclusive statement that the mortality of illegitimate children "will remain high, and their environment will continue to be productive of crime and immorality, as long as the supervision of the illegitimate child does not become part of the duty of the state." That statement, it may be said, is the chief theme of Mr. Kammerer's program for treatment of the child born to an unmarried mother. The author approaches the problem from two angles. "The first deals with those causes, both innate and external, as a result of which a girl or woman gives birth to a child outside of lawful wedlock. The second concerns the question of the mother's relationship to her offspring, involving, as it does, her status before the law and the state's interest in the upbringing of her illegitimate child."

Were one searching for a pure and simple illustration of the inductive method of building up theory, one would find it clearly in the experimental attitude with which the author describes the sources and scope of his study, later analyzes them, and tabulates conclusions. Indeed, so intent does he appear in the pursuit of his academic method that the actual content of the material at times appears lost in interest of the exercise itself. A student of modern statistics will find in Chapter II an admirable outline of the plot and use of data collected in a social investigation. He will gather, likewise, an impression of painstaking, twice careful handling of case histories, in their mechanical aspects and in their human aspects, of high-minded respect for the young women whom society is so quick to regard as failures.

The private societies of the metropolitan area of Boston furnished for examination four hundred case records of unmarried mothers; one of the Massachusetts state boards the other hundred. Mr. Kammerer himself feels that because of its source, his material "cannot be considered illustrative of more than one stratum among the group of unmarried mothers in the community." Dr. Healy points out in his introduction, however, that "in the other social circles and in other grades of intelligence, means are found for preventing unlawful child-bearing," and that therefore "nearly all the illegitimate children one ever comes to know about anywhere (and professional men learn family secrets pretty thoroughly) have passed through the hands of public and private agencies." Dr. Healy concludes that "most unwedded mothers may be fairly considered as belonging to just such groups as are studied in this book."

What those groups prove to be, marked off as they are by the causative factors evolved in each case, is exactly what almost any social worker would name. The primary forces leading up to the pregnancy of the girls under observation are listed under fourteen headings, as Bad Home Conditions, Bad Environment, Bad Companions, Early Sex Experience, Mental Abnormality, Sexual Suggestibility, Heredity, Recreational Disadvantages, Educational Disadvantages, Physical Abnormality, Abnormal Sexualism, Mental Conflict, Sexual Suggestibility by One Individual, Assault, Rape, and Incest.

In fact, the analysis of causative factors, primary and secondary, is admittedly the strongest element in the book. Mr. Kammerer sets himself the task of discovering them, because, as he states, sex acts are the result of the "forces of heredity and environment flowing through the mind of the individual. To affect actions, we must in future comprehend and modify the mental background from which such actions spring." One could wish that less time were devoted to already familiar reasons for anti-social conduct, and more to contributions toward remedial measures which could "modify actions."

Most interesting summaries of seventy-two of the five hundred cases are presented through the book, as illustrations of the causative factors described. They are more detailed than is common, in what are known as the "family paragraphs" of a social investigation. They repeat their own content, a characteristic generally ascribed to the novice in the use of case records. Frequently these seem to have absorbed the initiative of the author, at the loss of discursive, illuminating comments of general nature. Cases cannot entirely speak for themselves. Anyone dealing with human lives will be largely the gainer by careful perusal of the chapter on Bad Home Conditions. In its subtleties of understanding, it goes far beyond the ordinary printed literature treating the needs of young people caught in maladjustment.

Especially significant, also, is the chapter dealing with Mental Abnormality, and inspiring to those charged with the care of this group of young women. In the words of the author, "To know" the mind of the girl "should be the endeavor of all concerned with the welfare of the unmarried mother, and it should be remembered that the mental content of the individual is not fully revealed by many of the routine methods now in use."

A short chapter deals with The Unmarried Mother in Various Communities and presents research findings, as to occupation, age, national-

ity, and legal status of unmarried mothers in countries other than the United States. From this research, especially as to legal status, Mr. Kammerer draws a strong recommendation as to the state's responsibility for the illegitimate child.

His program of social treatment of the girls and women who bear illegitimate children groups itself about four main approaches:—

1. Segregation of the mentally abnormal woman during child-bearing age.
2. Enactment of "laws which will reflect the European experience in regard to the unmarried mother. The general emphasis of this legislation should aim toward the care of the child, and it should be realized that the state's chief concern lies in the quality of its citizenship."
3. Extension of the efforts toward general social betterment, such as supply of wholesome recreation, and improvement in the working conditions of women and girls.
4. Revision of the attitude of the public toward questions of sex to include sex education.

There is little which is original in these suggestions, just as there is little which is original throughout the book. They do, however, strengthen the assurance of the professional in social service, that efforts so far begun, are in the right direction. It must be admitted that Mr. Kammerer arrives at old, well-known facts by a new set of formulae. Moreover, it is extremely useful to have those facts collected. He holds up to examination, society's failure to understand the unmarried mother. The book is strong on its ethical side. A study of five hundred cases, dealt with by professionals in the science of social readjustment, should, however, give rise to far more detailed programs for their future treatment, both in prevention and in care. It remains for Mr. Kammerer or another to turn the searchlight of honest criticism upon the other half of the shield. Have our dispositions of unmarried mothers succeeded or failed? We cannot be content with diagnosis alone.

A. M. R.

**CHRISTIANITY AND SEX PROBLEMS.** By Hugh Northcote, M.A. Philadelphia: F. A. Davis Company, 1916. 458 p.

Upon the whole the book is well thought out and brings up many suggestive lines of thought which are of value to the social worker,

and especially to the public speaker who may be called upon to deal with any phases of venereal disease or social hygiene problems.

In the chapter on the general view of sex love, the hideous perversion of interpreting the emotions in the sacrifice of infants, which is embodied in the Moloch of Biblical times, contains a suggestion at least of the probable perversions of sex love that have cropped up in all the ages of the world. The reference to religious prostitution of an early Christian Era is none the less revolting, and in sharp contrast we have brought out the conception of the Prophets of Israel, who used the male and female principle to typify and illustrate their highest ethical teaching and fidelity to God. Sex love is analyzed as the soul of art, and the life of literature.

Sexuality in childhood rightly calls attention to the fact that perversions, such as masturbation, are frequently begun half unconsciously as a reflex act. This chapter is somewhat disappointing, however, in that it does not place special emphasis upon the medical and surgical responsibility of parents and physicians in forestalling many of these overwrought reflexes due to deformities, adhesions, constipation and over-exciting diet in the growing child. The psychology, however, of dealing with sexuality in childhood is well handled. As in the mixing of the sexes in school, "it is positively absurd to bring young people of the opposite sexes into contact and expect them not to have sexual thoughts one of another." While cautions against throwing sexual allurements in the young peoples' way are wisely given, emphasis is placed on the fact that through the wise guidance of parents and teachers these very emotions which are perfectly natural and chaste of themselves may be used as a stimulus to greater achievement and laudable ambition. The battle of chastity is likened to Jacob's conflict with the Angel of Peniel, which is a striking illustration of the severity of the conflict that every highly organized human being must fight and win. The subject of the battle of chastity is well summed up by reference to the modern medical opinion that sexual continence is perfectly compatible with good health, and that as Foerster truly says: "It might very well be the case that as a result of sexual abstinence a man could bring about certain nervous crises but in return for this acquire a firmness of character which would place him beyond the power of nerve-disturbing results of a much more serious nature." The injury that sexual delinquency brings to the mental and moral standards is well brought out in reference to the numerous murders and crimes

which are found to be the outcome of such irregularities. A young man of vigorous passions is bound to face the conscience question.

The sincere effort to interpret the divine will with regard to one's self in the resolve to preserve one's chastity, though the delay should involve self-sacrifice and bitter conflicts until the time comes that sexual indulgence can be claimed without peril, is a just test of character. By this effort within a man's soul lives, struggles, and triumphs the spirit of purity.

Sexual promiscuity is condemned by both the Old and New Testaments, and the author emphasizes the fact that, from a sociological standpoint without a monogamic marriage, society has no guarantee of the permanence of the family life and social structure.

The solution of the problem of prostitution and society is admirably summed up in the statement that the ordained victory of the male principle over the female is bound up with the principle of chivalrous self-restraint asserting and impressing itself in the collective masculine mind. The idea of victory won crowns both vanquished and vanquisher with a glory held in common, thus placing the burden of responsibility on the over-mastering male principle rather than on the yielding female principle. In licentious men there is sometimes visible a cynical exultation in the number of complaisances they obtain from women. This is a degenerate form of the fundamental psychological element, an element capable of a just and noble development, and the men, who amid the turbulence of their passions can evoke within themselves a chivalrous volition and endeavor to refrain from harming women, prostitutes not excepted, are forming the permanent values in the evolution of the male principle.

In connection with rescue work for prostitutes, emphasis is placed on a comprehensive understanding of the full relation of the question of prostitution to the sex life at large, and that while historically speaking a vast change has come over the white slave traffic, a change which gives us hope, yet it calls us to vigilance.

The problem of legislation on venereal disease and marriage is based on the fact that prostitution is a most effective means of spreading certain loathsome and dangerous forms of diseases. History forbids us to entertain hopes of the imminent disappearance of prostitution, for, as Jane Addams puts it, "an irreducible minimum of prostitution will doubtless long exist." The author claims that the question of general prostitution must be approached by moral and religious influences, and

not by legislation; that the responsibility for the existence of prostitution rests with individuals, and not with governments, and warns against the attempt to shift this responsibility to the shoulders of governments. Nevertheless, it seems to the reviewer that since prostitution is the cause of the spread of loathsome and dangerous diseases this control by legislation is not only eminently appropriate and legitimate, but that legislation furnishes the most promising means of holding in abeyance this source of race-destroying diseases, and that the educational measures and appeals to moral emotions should be vigorously carried on for the purpose of supplementing and making more effective the state's efforts to protect the innocent members of society.

The age of consent for women in this and other countries calls for the sounding of a note of warning against such laws as afford room for cases of gross miscarriage of justice, but no reference is made to the importance of laws, especially in the southern states, controlling the age of consent for young boys who are frequently enticed and seriously injured by the importunities of servants of more mature years and vicious tendencies.

The problems of marriage are somewhat superficially dealt with, though some instruction on the medical phases of these problems is given, together with excellent advice on the importance of proper self-restraint.

A. J. R.

**THE A B C OF EXHIBIT PLANNING.** By EVART G. ROUTZAHN and MARY SWAIN ROUTZAHN. New York: Russell Sage Foundation, 1918. 234 p. (Survey and Exhibit Series.)

Why children of all ages from six to sixty will flock to a circus; why a crowd will gather from nowhere to surround an unfortunate horse who has fallen and flounders about on the slippery pavement; why a certain type of window display will arrest the passer-by and draw him into the shop,—these are questions which the psychologist has still to answer satisfactorily. By means of the right kind of display or publicity, the advertising man is able to achieve astonishing results, but his methods are largely intuitive and are still to be classified as an art rather than an exact science, since the principles which he utilizes have not yet been reduced to certainties.

It is to the credit of the leaders of sociologic endeavors and movements for reforms that they have early recognized the value of pic-

torial publicity and graphic education. Hence the exhibit method has found favor among them and has met with gratifying results, in spite of the fact that the efforts in this direction have often been amateurish and not fully efficient.

It has been demonstrated by one series of experiments that about seven-tenths of all knowledge is acquired through the eye and that three-sevenths of such knowledge is remembered, whereas only one-seventh of knowledge gained through other channels is remembered. The shortest route to the brain is via the optic nerve. Many health officers have learned that funds intelligently spent for exhibits produce greater results, dollar for dollar, than those invested in any other educational or advertising agency.

*The A B C of Exhibit Planning*, by Mr. and Mrs. Routzahn of the Russell Sage Foundation, should therefore prove a valuable servant to those interested in getting before the public their programs for political, sociological, public health, and other reforms. It is true that much of the information and advice given is rather elementary and obvious. This is not a criticism of the book, however, since it is intended to be an introduction to this rather difficult subject and since, furthermore, it is plainly evident that a large number of exhibits have been planned and executed by persons wholly ignorant of the first principles of exhibit planning. The subject-matter is arranged systematically and concretely. The descriptions are clear and concise. Excellent half-tones, illustrations of exhibit displays, lay-outs, and panels enhance the value and interest of the book. The discussions, criticisms, and explanations are scientific and logical.

A thorough and careful analysis of modern advertising methods might perhaps have been included to the profit of the student. Rapid strides have been made recently by advertisers. The advertiser, being a specialist in selling commodities to the public, should be called upon to lend aid to the organization which attempts to "sell" an idea to the public. For example, a cursory examination of the book reveals that practically all the panels branded as "poor" by the authors, and even some which are reproduced to emphasize the commendable points, are very poorly lettered,—mistakes which would not have been made had the counsel of a professional been employed. Instinctively, perhaps, the good exhibitor does employ sound advertising principles, but many tricks of ensnaring and holding attention and producing an attractive



effect are utilized by the professional advertiser which might be employed with profit by the exhibitor.

An outstanding omission of the book and a regrettable one is the failure to mention one of the most unique and far-reaching exhibit experiments tried out during the war. There are numerous references to the Commission on Training Camp Activities exhibits in civilian communities; the Food Administration; the anti-tuberculosis campaign among soldiers; but not one word or illustration relating to the social hygiene publicity campaign among enlisted men in Army and Navy establishments.

In army camps several million men were reached through exhibits and displays of various kinds on the subject of social hygiene and venereal disease prevention. This work was carried on jointly by the Surgeon General of the Army and the Social Hygiene Division of the War Department Commission on Training Camp Activities. Some sixty non-commissioned officers, carefully selected and specially trained for their duties, devoted their entire time and energies in army camps as "explainers." These men were given wide latitude under competent direction, and each worked out largely for himself the details of his particular problem or program.

In navy camps and on most of the ships of the Atlantic Fleet and the transport service, similar educational work by means of exhibit devices was carried on. Surely this work merited discussion, whether critical or commendatory, for these reasons: 1. It was new and unique. 2. It was done on a large scale. 3. Those responsible for it, while admitting that many mistakes were made, especially in the beginning, are able to point to actual results and accomplishments. 4. A few of the methods employed were contrary to the principles laid down in the book under discussion, yet seem to have proven successful. 5. The lessons learned in this work should prove of help and value to other exhibitors even though the conditions under which they were carried out were radically different from those usually prevailing outside a military camp.

Every social hygiene society and every state bureau for preventing venereal diseases should employ the exhibit method for educating the public and this book should help them considerably. Readers of it will anticipate with interest the publication of a sequel, explaining in greater detail some of the more difficult factors in exhibit planning.

H. E. K.

**LA QUESTION SEXUELLE ET LA FEMME.** By Docteur Toulouse. Paris: Bibliothèque-Charpentier, 1919. 288 p.

Five war years have largely broken down the conventional standards of sexual morality among the women of France, says Dr. Edouard Toulouse, medical director of the Villejuif insane asylum, and one of the best known of French psychiatrists.

Women have sought and obtained a considerable amount of the sexual freedom which men in the past have claimed as their exclusive privilege. The chastity enforced on women in the past was defended almost wholly by an appeal to custom, rather than to reason. It is certain, the author thinks, that women will not consent to give up their newly acquired license merely because of the taboos of Mrs. Grundy. The whole question of sexual morality must be examined in the light of philosophy rather than of sentiment and dogma, and the two sexes must be held alike to such standards as are found justifiable.

What these standards are is the main inquiry of Dr. Toulouse's noteworthy book. He views every problem primarily in the light of the interests of the state and race, and secondarily of the individual; his point of view is thus eugenic.

Treatment of sexual ethics in this way has long been needed, for the grounds on which chastity is ordinarily urged, namely, fear of venereal infection and fear of illegitimate pregnancy, have been overworked.

Having chosen his line of attack, Dr. Toulouse carries each piece of reasoning to its logical conclusion, with that relentless clarity for which French men of science have long been noted. Many of his proposals are therefore decidedly advanced, even for public sentiment in the United States which is in most respects far ahead of that of Europe, so far as social hygiene is concerned.

He would have a national "eugenics registry" in which the state would keep a biological history of all families, as a source of information for those seeking mates in marriage.

To increase the birth rate, he would have all women beyond the age of thirty conscripted for non-combatant military service, just as the men are conscripted for service at the front; those with three or more children being exempted, and those with fewer children held in service for proportionately less than the two years required of the childless.

To make this regime economically feasible he would have the state

provide for the early care and education of all children, with no distinction between legitimate and illegitimate parenthood. He also emphasizes the need of restrictive measures to prevent the diseased and eugenically unfit from procreating.

It would not be fair to infer, however, that these extreme proposals represent the spirit of the whole book. The greater part of it is given to a very sane and thoughtful discussion of the various problems of social hygiene,—the value of continence in both sexes before marriage, the evils of prostitution, the questions about illegitimacy, the advantages of monogamy over free love, and the like.

The author expounds some biological propositions that are more than doubtful; as when on page 49 he expresses a belief in the superstition of telegony, and as when he gives an altogether exaggerated account of the effects of "racial poisons" and of diseases on the germ-plasm.

On the whole, however, the book can be recommended to anyone who wants to see the field of social hygiene discussed temperately, rationally, and interestingly.

P. P.

**AMERICAN CHARITIES.** By Amos G. Warner. Revised by Mary Roberts Coolidge. New York: Thomas Y. Crowell Company, 1918. 541 p. (Third Edition.)

American Charities is a survey of the field. It gives the outstanding facts in all kinds of charitable work. It also outlines the development and indicates the present tendencies in each separate field of endeavor. Any single volume which seeks to cover such an extensive ground is sure to offend through sins of omission. Any specialist along any line of social service would feel after reading the book that he would have included a few more facts or else would have said a little more to show the present trend of activities. But the book is not meant for specialists except as a text in which to find the outstanding features and the present tendencies in any field of charitable endeavor.

With the above qualification the book is an excellent one, and Mrs. Coolidge has made numerous improvements in this edition. Many of these are in that part of the book which is of especial interest to the readers of *SOCIAL HYGIENE*. The chapters Charity as a Factor in Human Selection, Causes of Poverty, Personal Causes of Degeneration, Heredity and Degeneration in Part I, and the chapters The Insane and The Feeble-minded in Part II, contain a wealth of valuable information. But the way is not made easy for the student who wishes to pursue

some special subject deeper. For example, the work of the Eugenics Record Office is mentioned in various places, but when one turns to the bibliography to find the publications of that office one discovers only the following note, "Eugenics Record Office, publications. Cold Spring Harbor, Long Island, N. Y."

One hesitates to criticise American Charities adversely. The author and the revisor have had almost superhuman tasks. The reviewer feels that the revisor has had a much more difficult task than the author because in 1918 so much more had to be excluded than in 1904 to keep the material in a single volume. It has been done well, but every one who reads the book or any part of it should say, "I am now reading a survey of the charitable field, which shows the high mountains and the deep valleys and the directions in which the streams of endeavor are flowing. When I have finished I will have a general idea of American Charities, but to really know them I must read more, much more."

J. D. H.

**MORAL EDUCATION IN THE SCHOOL AND HOME.** By J. O. Engleman.  
New York: B. H. Sanborn and Company, 1918. 314 p.

This volume is one of the earliest of what will doubtless be a significant series of books treating of the various aspects of school work. Although containing very few strikingly new ideas, the author has so expressed some commonplace facts and principles that they take on new significance. His treatment of the subject is logical, safe, and sane. His book could well be used by reading circles and might even prove suggestive in teachers' training courses,—at least as a supplementary reader.

The author sees the possibility of moral education in practically every field of school work. This education is usually indirect and comes as a by-product of the instruction. The chapters treat of moral education through the example and personality of the teacher, school discipline, reading and literature, history, biography, current events, music, art, nature study and science, manual training, physical education, vocational education, sex instruction, scouting, moving pictures, and the Bible. At times it would seem that the author gives a disproportionate amount of attention to setting forth moral precepts through what might be construed by some as primarily a religious appeal. This fact would tend to limit the circle of readers.

The book, however, ought to be very helpful both to the new, as well

as to the experienced teacher. The book should also be read by thoughtful parents and others who are interested in school problems. The school should more and more become an agency for moral as well as intellectual and physical betterment. The contributions made by such books as this will constitute an increasingly potent force. E. V. B.

**CRIME PREVENTION.** By Arthur Woods. Princeton: Princeton University Press, 1918. 124 p.

That the conventional methods of policing a city by having uniformed policemen "pounding their beats" and detectives at work behind the scenes, are effective in repressing but a fraction of the criminal tendencies in our population is perhaps not altogether a new piece of information to the average tax-payer. And yet if one would wish to have a really clear idea of the newer methods of crime prevention, of those insistent forces of law and order that in a modern police department probe beneath the surface to the hidden depth of crime and remove the source of criminal infection before the overt act is committed, he must read Colonel Arthur Woods' little book on *Crime Prevention*, the contents of which are based on the author's experiences as police commissioner of New York City.

Preventive policing takes its stand today as a new science along with that of preventive medicine. Though it will undoubtedly require a longer time to clear up the morasses where crime breeds, than it did to drain the swamps that bred the yellow fever-carrying mosquito, the former, in Colonel Woods' opinion is no more an idle dream than the latter was. It is a goal which every police department worthy of the name, must set before itself.

Colonel Woods' book is commendable in that it presents comprehensively, and yet with brevity and conciseness, the high points of this whole modern problem, in such a clear way that the interested citizen can read it and understand it at one sitting. What is more, there is a compelling force behind the writer's point of view because "he has been there" and his statements are founded on fact.

S. P. D.

**DEFICIENCY AND DELINQUENCY. AN INTERPRETATION OF MENTAL TESTING.** By James Burt Miner, Ph.D. Baltimore: Warwick and York, Inc., 1918. 355 p.

The application of mental tests in the field of delinquency has been

followed by an astonishing quantity of literature upon the subject. Some of this has been conceived in a true scientific spirit, and has accordingly been carefully and cautiously thought out before being presented to the public. Most studies, however, have consisted in very rash deductions and inferences from extremely unsafe data. The consequence seems to be that the studies most worthy of attention have been sadly neglected in favor of those making an exaggerated and popular appeal.

*Deficiency and Delinquency*, therefore, is a very timely and appropriate treatise. It should be read earnestly by those in whose hands lie the control and management of our penal systems, for upon their interpretation of the relation between mental defect and delinquency rests the revision of our penal code and prison system. This revision is entirely dependent upon the degree of correlation between deficiency and delinquency. If it be true that more than half of our delinquents are mentally defective, particularly feeble-minded, or that even a smaller but still appreciable percentage is so afflicted, then the problem of prevention is ultimately one of negative eugenics. But if mental defect plays but a minor part in crime, if eighty per cent or more of offenders are intellectually normal, then the ultimate causes of crime must be sought in other directions, most likely in the field of social rather than individual maladjustments. In consequence, preventive procedure would need to follow social and economic lines, primarily, rather than biological methods.

In order to determine which is the correct policy, it is necessary to measure accurately the proportion of defectives, not only in the criminal, but in the general population. This cannot be accomplished with any greater degree of accuracy than the measuring instrument permits. The instrument invariably used is the Binet scale or some variation of it. Those familiar with the problem are aware of the fact that the coarser degrees of defect such as idiocy and the lower grades of imbecility, may be very easily and quickly diagnosed without the aid of any scale. It is the higher grades of feeble-mindedness, such as moronity, which require finer observation and testing as an aid to diagnosis. The problem is especially accentuated in reformatories and prisons, in view of the fact that the lower grades of feeble-mindedness are practically never encountered (except in the case of certain types of female offenders) and that the problem is therefore entirely one of the diagnosis of the moron and the borderline individual. It is precisely at this point that the great difficulties arise. For what is to be our

interpretation of borderlinity? In any event, this must be a strictly utilitarian line, for no matter where the line is drawn, there will always remain the question as to whether many who measure just above it ought not really to be included in the defective class. In other words, the final judgment must be a subjective one, dependent in part only upon the existence of an objective scale of measurement.

Our estimate of the number of defectives will vary in accordance with the position at which the borderline is placed. If it is twelve years, or eleven years, or ten years, the frequency will vary considerably in each case. With a ten-year limit, the percentage of defectives will be much smaller than results from the use of an eleven or twelve-year standard. The same is true whether we use an intelligence quotient or coefficient of intelligence; for the estimate will differ if the line be drawn at seventy or seventy-five.

The question of the position of the borderline is therefore a crucial one, and to it Dr. Miner has justly devoted a great part of the book. He has gone at length into the problem of the distribution of intelligence; as to whether it follows the normal frequency or bell-shaped curve; as to whether the rate of growth of intelligence up to the age of fifteen or sixteen must be measured as a linear or exponential function. It is obvious that these are factors which must be given prime consideration in the development of any intelligence scale and interpretation therefrom in individual cases. These theoretical considerations furnish the background for the main problem of the relation of feeble-mindedness to delinquency.

Dr. Miner has attempted to interpret most of the published studies in the light of the above observations in the effort to achieve some degree of uniformity in the results. On the whole, he has not been very successful in this, as might have been expected. He recognizes that the well-known observation of Goddard to the effect that at least twenty-five per cent of juvenile delinquents are feeble-minded is entirely an exaggeration, and exposes the manner in which the estimate was arrived at. He recognizes that from the scattered studies of various groups it is impossible to achieve a uniform result for the entire delinquent class, without weighing each group in accordance with its frequency in the total criminal population. In general, he agrees with Healy and Goring that about ten per cent are feeble-minded. Of the latter author, but recently deceased, Dr. Miner shows an appreciation that speaks very highly for his ability to recognize scientific worth. While almost every pseudo-criminologist has been ready to accept Dr. Goring's conclusions

concerning the alleged anthropological criminal type, all have almost unanimously scorned his method when applied to psychological and social characters, with the platitudinous remark that what is needed is individual interpretation and not mass analysis. This in complete disregard of the fact that in the last analysis all intelligence testing rests upon data that have been gathered and interpreted by statistical methods, pure and simple,—for example, the fitting of tests to the proper age.

Dr. Miner's excellent analysis of Goring's masterpiece points out that the appropriate method, applicable to the study of the relation between mental deficiency and crime is that of partial correlation. Since the correlation coefficient in itself does not measure causation, but rather, degrees of association varying between the limits  $\pm 1$ , it is essential to obtain the correlation between all the possible factors that may enter into a given problem. Then, by comparing the coefficients of partial correlation, it is possible to discover what are the more probable cause and effect relationships. For the higher and more constant the association, the greater is the likelihood that it is a causative one. In other words, we are confronted with a problem in probability, the solution of which is dependent upon the utilization of the statistical calculus. By this method, Goring established the fact that the greatest single correlation among recidivists, at least, is that between general mental inferiority and crime.

B. M.

RACE REGENERATION. By E. J. Smith. London: P. S. King & Son, Ltd., 1918. 223 p.

Social measures, rather than eugenics, make up Mr. Smith's program for race regeneration. He discusses at much length the problems of housing and wages, milk supply, medical care, and the endowment of motherhood. His endowment scheme, which he believes would increase the birth rate and lower the infant death rate, proposes a national grant of \$1.25 per week to every married mother for each child up to the age when it could earn its own living, provided (a) that the house is suitable in size and convenience to meet the physical and moral needs of the family; (b) that the home is kept clean and healthy; and (c) that on the evidence of a medical certificate, the children are being properly fed, clothed, and cared for.

The chapter which the author devotes to "Racial Poison" (i. e.,



venereal diseases) is wholly inadequate, although marked by a proper point of view so far as it goes.

The most valuable part of the book is the section of less than fifty pages devoted to a description of the maternity and child welfare work that is being done in Bradford, England, the author's home. This is fully illustrated.

P. P.

## NOTE AND COMMENT

*Mexican Campaign Against Syphilis.* The Departamento de Salubridad, the national public health authority, has decreed that in future the candidate for matrimony must present a certificate which asserts that the Wassermann sero-reaction with the blood of the candidate has given negative results. Those persons who reside at points where there are no laboratory facilities will comply with this formality by presenting a certificate based on the clinical investigation and equally negative. As a further measure, physicians are required to inform the Departamento of all their syphilitic patients who have abandoned treatment before they have been cured as rapidly as is possible.—*The Journal of the American Medical Association*, February 8, 1919.

*A Voice from the Past.* One of the lessons of the war has been that the dissemination of venereal diseases can be almost stopped by wiping out commercialized prostitution, and that this organized business can be broken up more easily than had been expected.

Despite this vindication of the American plan of combating venereal diseases, the delusion still reigns in many minds that commercialized prostitution and good health could be made to lie down together like a lion and a lamb, if the proper formula could only be invented to harness them.

One of the most amusing of such formulae recently given to an eager public is that set forth in *American Medicine* (April, 1919) under the title "A Plan for the Eradication of Venereal Diseases in Localities," by Edmond Souchon, M.D., F.A.C.S., professor emeritus of anatomy and clinical surgery, Tulane School of Medicine, and former president, Louisiana State Board of Health.

Dr. Souchon ratiocinates as follows:—

Strenuous efforts are being revived in this country to suppress public immoral houses and prostitution. All such attempts have failed in the old country, the result having been to drive all public women into the more dangerous clandestine class. The city of Paris runs the public house system with more or less perfunctory sanitation.

In view of these stern facts it is my deep conviction after long thought

and meditation that the next best thing is to subject all immoral women to rigid sanitation.

I earnestly believe the spread of venereal diseases could be reduced by about eighty per cent by the enforcement of some such regulations as follows:—

Public immoral women should live in houses registered at the Board of Health by the keeper of the house.

The keeper shall see that every woman who has had sexual connection with a man shall be administered an antiseptic douche by a trained nurse stationed in the house by the Board of Health. This shall be done before the woman has sexual connection with another man or before she leaves the house. The nurse will represent the Board of Health with all its prestige and authority.

The keeper shall provide the trained nurse with a suitable room for douching and sleeping in.

The keeper shall provide the nurse with three acceptable meals a day sent to her room.

The keeper shall pay monthly or weekly to the Board of Health a sum fixed by the board sufficient to pay the salary and expenses of the nurse and of the system. Clandestine women also shall pay a high license.

Men shall not remain in the house after one o'clock a. m.

In case of violation of the regulations the house shall be closed by the Board of Health.

Clandestine immoral women are more numerous, more dangerous and more troublesome because of the difficulty of locating and keeping track of them.

Boards of Health shall have a corps of female sanitary inspectors to locate and attend specially to the clandestine immoral women.

They shall have police powers to make arrests for the violation of the regulations.

They shall have the power to search premises without warrant for violations of the regulations.

They shall be trained in douching properly and detecting venereal diseases in the female.

Large cities shall be divided into sections with inspectors assigned to each.

The inspectors shall locate the immoral women by interviewing confidentially the physicians of their section, the druggists, the grocers, a female resident in each block.

An immoral woman is one who has sexual connection with different men, two or more.

To convict a woman of being immoral the inspector shall send two men or more to make propositions to the woman. If she accepts, it is sufficient proof. There need not be actual sexual connection. The men shall make a sworn affidavit of it before a notary or before the chief sanitary inspector.

When located, the inspector shall make the woman register at the Board of Health. The thumb print shall be taken, also the photograph with date affixed.

She shall examine her for venereal diseases.

She shall see that she is given an antiseptic douche.

She shall teach her how to douche herself properly after each sexual connection.

She shall teach her how to detect venereal disease in the male; chancres, buboes, discharge from the urethra, stained shirt.

In case of refusal on her part to submit to these regulations, the inspector shall arrest the woman and bring her to the chief inspector who shall sentence her to one week's imprisonment.

The inspectors shall examine the immoral women of their section once a week or oftener.

When found diseased they shall be confined in a hospital or in jail until thoroly cured.

Inspectors shall report to the chief inspector and obey his orders.

Men suspecting of having been infected by an immoral woman shall report her to the chief inspector of the Board of Health.

Boards of health shall have a department or committee on immoral houses and women.

There shall be a chief sanitary inspector, a man of character, standing and fitness, of the type of a judge.

He will have the power of a judge or recorder to enforce and impose sentences for violations of the regulations, one week of imprisonment for each offense.

He shall have the power to draw up affidavits, like a notary, and to administer oaths.

His office hours at the Board of Health shall be from 9 a. m. to 1 p. m. and from 2 p. m. to 5 p. m.

He shall decide if a woman is immoral or not

Any violation of the regulations shall be punished by imprisonment, not fines.

Some of these regulations may be drastic, but we must bear in mind that the evil is great and the powers to fight it must be great and not sentimental. Boards of health shall enforce these regulations.

Here again, the curbing of venereal diseases is a question of organization, money, and determination.

*Venereal Danger to the Army of Occupation.* Attention has been called in the press to the venereal danger to which the British troops, largely young soldiers, are exposed in the occupied portion of Germany. The Germans took elaborate precautions for the health of their troops in town areas, and on the whole were successful. They isolated and kept under surveillance all women suffering from contagious diseases; but when it became known that the Allied troops were to occupy the town, these women were released. A German official interrogated on the subject said that they had "escaped." Many of their towns, among which Cologne has a certain notoriety, have proved hotbeds of disease, and there is some reason to believe

that pains have been taken in a manner not infrequently adopted by conquered people in the East to endanger our troops. It is reported that since the occupation, venereal disease has become much more prevalent among them. The government has been asked to take the requisite precautions.—*Journal of the American Medical Association*, April 19, 1919.

*Physicians Indorse Campaign.* Half the physicians of the United States have already signed cards sent them by the Division of Venereal Diseases, United States Public Health Service, in which they agree as follows:—

1. To report my venereal disease cases in accordance with the laws and board of health regulations of my state.
2. To secure prompt treatment for all venereal cases that come to me, either treating them myself or referring them to a clinic or physician known by me to be competent in the treatment of such cases.
3. Not to dispense medicines which I prescribe in venereal cases, except when they can not be obtained from a drug store; and not to recommend, prescribe or sell any proprietary remedy marketed for the self-treatment of venereal disease.
4. To give to every venereal disease patient a circular of instructions, a supply of which is to be furnished me free of charge by the United States Public Health Service or my state board of health.

*The International Campaign Against Venereal Diseases.* Measures to extend preventive medicine throughout the world under auspices of the International Red Cross were discussed at a conference of men of science representing America, France, Great Britain, Italy, and Japan, held at Cannes, France, during April. The conferees agreed that it is highly desirable that further steps be taken to disseminate information about preventive medicine. They reported:—

We have carefully considered the general purposes of the committee of Red Cross societies whereby it is proposed to utilize a central organization which shall stimulate and coördinate the voluntary efforts of the people of the world through their respective Red Cross societies; which shall assist in promoting the development of sound measures for public health and sanitation, the welfare of children and mothers, the education and training of nurses, the control of tuberculosis, venereal diseases, malaria, and other infectious and preventable diseases, and which shall endeavor to spread the light of human science and the warmth of human sympathy into every corner of the world, and shall invoke in behalf of the broadest humanity

not alone the results of science but the daily efforts of men and women of every country, every religion and every race.

We believe that the plans now being developed should at the earliest practical moment be put into effect and placed at the disposal of the world. In no way can this be done so effectively as through the agency of the Red Cross, hitherto largely representing a movement for ameliorating the conditions of war, but now surrounded by a new sentiment, and the wide support and confidence of the peoples of the world and equipping it to promote effective measures for human betterment under conditions of peace.

The signers of the report were the following:—

*American:* Dr. William H. Welch, Dr. William Palmer Lucas, Lt. Col. William F. Snow, Dr. Hugh S. Cumming, Col. Richard P. Strong, Dr. Samuel McClintock Hamill, Dr. Hermann Michael Biggs, Dr. Fritz B. Talbot, Dr. L. Emmett Holt, Col. Frederick F. Russell, Dr. Edward R. Baldwin, Dr. Wickliffe Rose, Dr. Livingston Farrand, Lt. Col. Linsley R. Williams, and Dr. Albert H. Garvin.

*Great Britain:* Lt. Col. Edward G. Hort, Lt. Col. Sir R. W. Philip, Col. S. L. Cummings, Dr. Henry Kenwood, Dr. F. Truby King, Col. L. W. Harrison, Sir Arthur Newsholme, Dr. F. N. Cayay Menzies.

*Italy:* Dr. Ettore Marcha Fava, Prof. Edoardo Maragliano, Dr. B. Gosis, Lt. Col. Aldo Castellani, Dr. Francesco Valagussa, Dr. Camillo Colgi, Col. Cesare Baduel, Dr. Camillo Poli, Dr. Giuseppe Bastianelli.

*France:* Dr. Paul Emile Roux, Dr. Edouard Rist, Dr. P. Armand Little.

*Japan:* Dr. T. Kabeshima.

*Venereal Diseases Legislation in New York.* The legislature of the state of New York has passed, and the governor has signed, a bill which places New York among the states which have wholeheartedly adopted the American plan of controlling venereal diseases.

The law as amended provides that whenever the board of health or health officer of a health district has reasonable grounds for believing that any person within their jurisdiction is infected with any infectious venereal disease, and is likely to be the source of infection to any other person, the health authorities shall cause a medical examination to be made of such a person to learn whether he or she is infected with a disease of this type. Every suspected person is required to submit to this medical examination, and to permit specimens of blood, or bodily discharges, to be taken for necessary labora-

tory tests. The person to be examined may secure his own physician, but in any case the physician must be one who in the opinion of the health authorities is qualified for this sort of work.

Under this law every person arrested for vagrancy, for violating the tenement house law or for frequenting disorderly houses or houses of prostitution must be reported within 24 hours after arrest to the board of health and held for examination as to whether or not they are infected with venereal disease. It is not necessary for the health officer to follow up such court cases, but it is incumbent upon the court or magistrate before whom the persons arrested are arraigned to notify the health authorities that they are under detention.

Persons who are undergoing examination, either as suspected cases or through being arrested on the charges specified, may be detained until the results are determined. No person convicted of any of these offenses shall be released from the jurisdiction of the court until the convicted person has been examined in accordance with this law. This means that it will often be necessary to hold under restraint men and women who are arrested or suspected of having this form of disease for a matter of one, two or three days as it probably will take that long to make the laboratory tests to tell whether or not infections are present.

*Indian Cantonment Brothels to Go.* The medically-inspected red light districts maintained by the British army in India, which have long been the object of attack by English social hygienists, are apparently doomed. Their official support is largely withdrawn by an order published last year by the Commander in Chief, authorizing military authorities to close any brothels, and revoking the advice which had often been given in the past, that "the men should visit only such places as are under so-called medical control." The Commander in Chief's memorandum says, "Not only is such advice contrary to orders, not only does it offer direct temptation, but it offers it under guarantees that are quite illusory, since, according to the most recent expert medical opinion and research, there can be no system of examination which can justify any guarantees of immunity from disease."

The Commander in Chief believes that the means of keeping down the venereal rate are,—“firstly, the creation of a public opinion against incontinence; and, secondly, the protection of the soldier from temptation.”

This is not a very different program from that which kept the American army fit to fight during the last two years. It even marks an advance over the policy of the British military authorities in Britain, for there "the protection of the soldier from temptation" by means of law enforcement has rarely been carried to a satisfactory extent, if accounts are to be believed. The Indian authorities are to be congratulated on recognizing that the repression of prostitution through law enforcement is the fundamental measure for the control of venereal diseases, and that no educational or medical program alone is a satisfactory substitute for such repression.

*Venereal Diseases in France.* Describing "Some Attempts towards Race Hygiene in France During the War," the French official statistician Lucien March gives some recent figures on venereal infection, in the January, 1919, issue of the *Eugenics Review* (London). Mr. March writes:—

Owing to the fact that venereal diseases are only certified as the cause of death under exceptional circumstances, no conclusions as to their incidence can be arrived at from a study of the death rates. All that can be done is to note their occurrence in certain sections of the population, in the army for example, since in France no data exist as to their prevalence among the general population. But on the other hand, the figures for the army, in France at any rate, may be considered as giving a fair estimate for those of the civil population also, since the disease is chiefly contracted at the age of military service.

Before the war, venereal diseases were not very prevalent in France. For the period of 1903-7 there were 671 cases of syphilis among 100,000 soldiers, as compared with 444 in the German army, while in England the proportion exceeded 3000, and the specific mortality was also higher in other countries, in Italy and Austria-Hungary for example, than in France.

In the case of gonorrhea and soft chancre, there were 2200 cases among 100,000 soldiers as compared with 1800 in Germany, and nearly 6500 in England.

Moreover, during the last twenty-five years there has been a decrease in all these countries, notably in England.

The war has naturally led to a recrudescence of venereal diseases, both in the army and the civil population, more especially the latter, and particularly in industrial centres, for the absence of the heads of families, night work, the presence of Colonial and foreign workers are all contributory causes to sexual irregularities.

The Minister of Interior has issued various recommendations to the Prefects during the course of 1914, 1916, and 1917, urging the local authorities to take precautionary measures against the spread of venereal diseases,



more especially by enforcing the registration of lodging-house keepers, retail wine shops, prostitutes, etc.

A new and more efficient organization was set on foot by the Minister of the Interior. In important centres (at least one in each department) a special out-patient department was to be created and attached either to an ordinary hospital or some welfare institution, where free consultations could be obtained, preferably with medical specialists in localities with the necessary facilities. Towards the end of 1917, there were already 65 of these centres distributed among 50 departments.

In addition, in 1918, Parliament voted, on the proposition of Dr. Merlin, an annual credit of 800,000 francs for the installation in the large towns, for the use of soldiers, of centres for the prophylactic treatment of venereal disease as practised in the American army and founded on the researches of Metchnikoff.

The incidence of venereal disease is coincident with the increase in prostitution, and with regard to this no new measure has been taken in France since the war; the system of regulation, and of registering the prostitutes and the licensed brothels, have remained as before the war. An extra-parliamentary commission has issued a report condemning the present system of regulation, but the Administration seems to consider it essential to the national health, and the policing of the streets, in spite of its alleged inadequacy.

It is indeed, when freed from the discretionary powers of the municipalities, often carried out under deplorable conditions, while on the other hand it is of little efficacy. In Paris, for example, among 100,000 inhabitants, the number of prostitutes known to the police reached 300 in 1855, and more than 40 per cent of them were from licensed brothels. In 1890 the number fell to 200, of whom only 15 per cent were in licensed brothels. In 1911 there were still 200, but less than 7 per cent in licensed brothels. A corresponding decrease occurred in the number of registered prostitutes subject to periodical medical examination.

As for the infected prostitutes, their number calculated proportionately to the total number known in Paris, had decreased at the end of the 19th century; it has now risen again, and more especially since the war. It is, too, a matter of observation that venereal infection seems to proceed in cycles.

To justify the system of regulation practised in France, one might quote the greater prevalence of syphilis in the English as compared with the French army, since prostitution is not under a similar system of control in England. But the argument falls to the ground on the reflection that, from the suppression of regulation in English garrison towns in 1886, the incidence has steadily decreased from nearly 300 cases of venereal diseases per 1000 in 1881, to 100 in 1900.

If war has not modified the system of prostitution in France, it has increased the number of those infected with venereal diseases among prostitutes under police supervision in Paris, the proportion having been nearly doubled between 1913 and 1917.

It would therefore be an opportune moment for a vigorous reformation of the "*regime des mœurs*," and the public control of venereal diseases. But

it is difficult to deal with the problems of prophylaxis, and of prostitution, when medical opinion is opposed to notification in any form.

*A London Letter on the Prevention of Venereal Disease.* The apprehended danger of the increase of venereal disease as a consequence of demobilization has been referred to in these letters. A controversy that would have been impossible only a few years ago, when the subject of venereal disease was treated with reticence in the lay press, has taken place in the *Times*. A number of the leaders of the profession, including Osler, Ferrier, Rickman Godlee, and Mott, published a joint letter urging, in view of the daily increasing menace, that "timid and hesitating counsels should give place to clear advice and strong purpose. Extraneous considerations can have no place in sanitary problems; it is because they have had too much place that the National Council for Combating Venereal Diseases has failed. Smallpox and typhoid have been largely banished by measures based on knowledge of these diseases. Venereal diseases should be similarly dealt with. It has been abundantly proved during the war that they can be controlled by simple sanitary measures, the success of which is striking, and the materials for which can be obtained from any pharmacist. These measures should at once be made known, and available and organized instruction given in their application. This is the only effective method of meeting a dangerous situation—dangerous not only for our soldiers and sailors, but for the population at large."

To this criticism the president, vice president (Sir Thomas Barlow) and chairman of the National Council for Combating Venereal Disease replied that "while the council has taken full cognizance of all available scientific knowledge, it has deliberately decided against advocating the particular methods apparently suggested by the writers. The panacea is a wholesale distribution of prophylactic packets. The policy of the national council since 1916 has been early preventive treatment. Since July, 1918, it has pressed the same policy on the government and on the civilian population, and it is now in process of being organized throughout the country. The former course was denounced in scathing language by the Secretary of the Navy when America entered the war. The latter is now being vigorously carried out by the American medical authorities, experience having powerfully attested its efficacy. The success claimed by Sir William Osler and his associates for their procedure has been at least

equaled by that advocated by the national council, and this question cannot be discussed without taking into account the special facilities that exist whenever forces under discipline are being dealt with. The national council is not only concerned with combating disease in the armed forces but is striving to avert the peril on demobilization. Measures that can be applied to disciplined bodies may be absolutely impracticable in dealing with the general community. 'Extraneous considerations,' which the signatories lightly dismiss, and sentiment, which may exert a dominant influence on public opinion, cannot be disregarded. It is easy for distinguished scientists to lay down 'simple sanitary measures,' but the question resolves itself into administrative measures required on a large scale throughout the country, and here the difficulties begin. You cannot administer in such intimate matters without the intelligent acquiescence of the people. The unanimous opinion of sixty health officers of counties and large towns cannot be ignored. 'We are strongly of the opinion,' they state, 'that not only would the official distribution of prophylactic outfits to the civil population lead to moral deterioration of the nation, but it would not materially diminish the prevalence of venereal diseases.' In dealing with human nature it is not always possible to conform to the letter of scientific law."

The controversy was continued by laymen who were evidently somewhat mystified as to the point at issue, though one wrote: "If the critical hour is, say, 11 p. m., the national council objects to the use of disinfectants at 10:45, but raises no objection to the treatment at 11:05. The sinner must not prepare for immorality, but he may use the best means known to science to escape its consequences." In a leading article the *Times* took up the question and informed its readers that "until recently there was no certain means of cure and no certain means of prevention of syphilis. Medical science has now provided us with both, and there is prospect that in a few years one of the most appalling scourges of modern life will be almost unknown. Syphilis can be prevented by the use of calomel before infection, and less certainly by its use within an hour or two of infection. Medical evidence indisputably supports the view of Sir William Osler and his consignatories. A simple amendment of the venereal diseases act, 1917, is necessary, in order that the preventive medicine may be easily obtained under the necessary safeguards." Evidently from motives of delicacy, although deprecating that these should stand in the way of the public interest when the extinc-

tion of such a plague is attainable, the *Times* has used the word "medicine" for ointment. This has led laymen into the error that syphilis can be prevented by the internal administration of calomel. —Extract from February 8th, 1919 issue of *The Journal of the American Medical Association*.

*The Fight against Disease on the Isthmus.* Methods used to control venereal diseases in and around the Canal Zone are described in a newspaper interview with Dr. A. T. McCormack, who is now secretary of the Kentucky State Board of Health, but formerly, as a lieutenant colonel in the medical corps, U. S. A., was chief health officer on the isthmus. Dr. McCormack said:

Our work against venereal disease in Panama and Colon has been successful beyond our most sanguine expectations.

Our success so far has been due almost entirely to four big factors.

*First*—We are fighting venereal disease, not making an anti-vice crusade.

*Second*—We extend our efforts to men as well as to women.

*Third*—We have the coöperation of all the governmental agencies concerned—military and civil of the Canal Zone, and the government of Panama, and of the cities of Panama and Colon.

*Fourth*—We operate strictly as physicians, and therefore cannot be interfered with by police or courts.

#### FIGHT AGAINST DISEASE

We are fighting venereal disease just the same as General Gorgas fought yellow fever, and as his followers have carried on the fight against malaria. At no time have we mixed this fight with a crusade against vice, so-called.

We are not trying in any way to stifle natural instincts, or to interfere with the propagation of the race. It would be futile to try this, and we are not undertaking anything that cannot reasonably be accomplished. We are aiming to reduce venereal disease to the irreducible minimum to make it just as infrequent on the Isthmus as other diseases are; and we are using the same methods,—quarantine and prophylaxis.

#### BOTH MEN AND WOMEN

Since the days of Herodotus, and probably before, efforts have been made to accomplish what we have in large measure already done,—stop the spread of syphilis and gonorrhea.

The common system has been to segregate prostitutes, establish a restricted district, make weekly inspections of the women in the district, and apply private warning and medical treatment to men. Nothing can be accomplished in that way. One man can infect a whole community which up to his advent has been free from the diseases. Evidently methods that consider only the women the hosts of the infection, must fail.

We have extended our efforts to the men. The women in the segregated district of each city were examined and practically all were found diseased. We gave them hospital treatment, and cured them. Those who wanted to

do so were then allowed to go back to the district. Meanwhile, however, we established an inspection of the men who entered the district. No matter on what errand they entered, we examined them before we allowed them to enter and gave them prophylactic treatment when they came out. In this way we stopped infection, so far as the habitants and patrons of the districts were concerned.

#### GOVERNMENT COOPERATION

My third big factor concerns coöperation by the various governmental agencies. From the first, in planning the work and at every step in carrying it out, the health authorities had the sanction and assistance of the Commanding General and of the Governor of the Panama Canal.

We were working on the plan three months before we said anything about it to the authorities of the cities and of the Republic. Happily we found in the Panama authorities the same generous and genuine support we had been given by our own people. President Urriola issued the kind of decree we wanted, placing in our hands all the authority necessary to carry out our plans.

Governor Díaz of the Province of Panama, and Governor Arcia of Colon did things to help us that would not have been done in an American community; but which they found it possible to justify on the ground of the good to be accomplished. I have had considerable experience with such matters in the United States, and never have I found such honest, straight-to-the-mark, and effective coöperation as has been given us by the government of Panama.

#### COOPERATION OF THE PEOPLE

The people of the two cities also coöperated cheerfully. The women in the profession seemed anxious to be rid of disease, the men who entered the districts offered no objection to the measures we had prescribed. We emphasized always the fact that we were fighting disease, and the people seemed to catch the spirit and help us, where some opposition was to have been expected.

So far as I know only one man tried to evade the quarantine. It so happened that one woman also had bribed a policeman to let her into the district without passing the quarantine. By a strange coincidence the two met. The man became infected. We discovered the fraud, and all three were punished.

#### FREEDOM FROM POLICE AND COURT INTERFERENCE

We Americans are inclined to flatter ourselves that the police and police-court systems of our own cities are higher class than those of the Isthmian cities.

Some are and others are not. I find that everywhere these two factors in city life are bad in proportion to their temptations, and good in proportion to the encouragement they get to be respectable. I have no personal criticism of the police and the police courts of the two cities because they have nothing to do with our sanitary work. They have no jurisdiction in such matters.

In such work, however, it was an evident advantage to be free from

police and court interference. Some lawyers interposed with the usual writs, but it made no difference so long as we had the authority to treat disease. If a woman with disease was released from custody by court order we simply arrested her the next minute and sent her to the hospital. There she was safe, and the community was safe from her.

In short, by acting strictly as physicians we had our own way.

#### FIGURES THAT TELL FACTS

In the original examination in Colon, 14 out of more than 600 women were found apparently free from venereal disease; in Panama 22 out of 476. For the first ten days 10 per cent of the men examined were found infected. At Colon Hospital venereal diseases were the most frequent cause of admission two months ago. In the past month there has been one such admission! Similar figures are shown by the records at Ancon and Santo Tomas hospitals.

#### PROSTITUTION BAD BUSINESS

Our three months' work has also demonstrated that prostitution as a business does not pay the people who engage in it.

Deprived of the revenues from sale of liquors, gambling, and the petty thieving that always is incident to the profession, prostitution in Panama will not pay enough to keep the women in food, clothing, and shelter.

The American women quickly found this out. All of them have been deported,—46 in all. There may be a few left, but if so we shall soon round them up and deport them also. All of the Costa Ricans have been sent back home, and many of other nations; and we are sending the rest of them as fast as we can procure passage to their homes!

This was not an expensive part of the program. We arrested them, fined them one hundred dollars, and remitted the fine on condition that they leave the Isthmus. It was cheaper to leave than to pay the fine.

#### ONLY NATIVES LEFT

By the end of another month there will be no prostitutes on the Isthmus (I mean who engage in promiscuous prostitution as a means of livelihood), except Panamans, and only about seven hundred of these.

Owing to peculiar conditions, both economic and customary, most of these women never had an opportunity to make a living in any other way. It is their profession; they were sent into it as children; it is an economic, not a moral, status with them.

So far as plans have been developed, we expect help enough from the Panama and Canal Zone Red Cross to establish an industrial school or institution in which these women, and others similarly situated, can learn how to make a living without resorting to prostitution. We have made Corozal Hospital self sustaining by teaching the inmates to work; and surely women, not mental delinquents, can learn more quickly than the insane.

#### SCATTERING OVER TOWN

With the closing of the district (or the economic failure of the profession) it is natural to expect that the women "will scatter all over town," and begin

anew the only pursuit for which they are fitted. We have anticipated this. A month before any public steps were taken or announcement made, we had begun a card catalog of the women engaged in the profession, and the men who associate with them. This catalog is practically completed now. We have absolute track of every man and woman.

Any owner of a dwelling who allows one of these women to carry on her profession in his house will be fined one hundred dollars. If he allows her to continue, he will be fined one hundred dollars for every day he is delinquent. This is not mere talk. This week we have imposed and collected several such fines. The money is used in the work. Any property owner who wishes to help the work can do so by paying these fines.

#### THE "DISTRICT" NO MORE

Official information has come to me from the Governor of Panama that the tenants of the houses in the restricted district of Panama city are unable to pay their rent, and that the owners of the houses will eject them at the end of this month. We are pleased with this result.

If a restricted district cannot be maintained without its common companions,—disease and crime,—we don't want one. It is the best evidence of what I have already stated, namely that prostitution as a business does not pay.

#### THE NEW DISTRICT

Through the vigorous work of the Panama government, all the saloons have been driven out of the old "restricted district," and of Chorillo and the surrounding streets. As soon as the last prostitute leaves the old district, that whole section of the city will doubtless be thrown open to the soldiers.

It would be just the same as the Canal Zone so far as the restrictions on soldiers are concerned. If the government of Panama requests it, I have little doubt but the guards will move down into the streets of the city, and the soldiers will be barred only from those parts of the city where liquor is sold.

I predict that the Chorillo district will become one of the best trade centers for the city. The soldiers have almost unlimited spending money, and they will spend it there just so long as Panama will enforce its restrictions there as rigidly as Order No. 26 is being enforced in the Canal Zone.

*Canadian Plans for a Venereal Campaign.* The Superior Board of Health of the Province of Quebec, at its meeting of January 16, 1919, adopted the following outline plan for the repression of the venereal diseases:—

#### A. MEASURES CONCERNING EDUCATION OF THE PATIENT AND THE PUBLIC

(a) Preparation by the Superior Board of Health of two leaflets on venereal diseases, one for the public in general, the other to be handed to each patient by his physician as soon as the latter's diagnosis is made. This delivery of

one leaflet to the patient would be ordered by a regulation which could be framed as follows:—

"Every physician who, in the practice of his profession, diagnoses a case of venereal disease, shall deliver to the patient a copy of the leaflet on venereal diseases published and distributed free of charge by the Superior Board of Health."

(b) Lectures to young men previous to their leaving college or high school, during their university career, before associations of young people such as A.C.J.C. and the Y.M.C.A., literary or amusement clubs, artisan clubs, etc.; finally lectures to workmen in manufactures.

(c) By placards in public places, insist upon the necessity of early treatment by competent physician and to guard the public against quacks and "sure remedies."

#### B. MEASURES CONCERNING THE DIAGNOSIS OF VENEREAL DISEASES

(d) To aid the diagnosis of syphilis by adding the Bordet-Wassermann test to the number of diagnostic tests already offered to the medical profession by the laboratory of the Superior Board of Health. The Superior Board of Health might attempt an understanding with the cities of Montreal and Quebec to establish this new service with their aid and, in the event of failure of such negotiations, the Board would then ask the government for a subsidy sufficient to enable the Board itself to defray the entire cost.

(e) To aid the diagnosis of gonococcus infections by distributing to physicians outfits for taking samples.

#### C. MEASURES CONCERNING DETECTION AND TREATMENT OF VENEREAL DISEASES

(f) To call the attention of hospitals upon the necessity of providing for the treatment of venereal-diseased poor, same as for other diseases.

To draw the attention of municipalities to the power, given by article 3930 of the Health Act, of establishing or subsidizing hospitals and dispensaries for venereal treatment.

To recommend the government to grant subsidies to hospitals having a laboratory in which are carried out the various tests pertaining to the diagnosis of venereal diseases.

(g) To oblige venereal-diseased patients to put themselves under treatment by a physician, physicians to report their cases to the District Inspector of the Superior Board of Health, but without giving the names of the patients.

This obligation to secure medical attendance could be enacted by the Superior Board of Health in virtue of article 3876 of the Health Act, and might probably be framed as follows:—

#### *Medical Treatment of Venereal-Diseased Patients*

- I. Every person suffering from venereal diseases or suspecting that he is so suffering shall, forthwith, on becoming aware of his condition, consult a medical practitioner thereon, furnish his correct name and address to such medical practitioner, and place himself under medical treatment. He shall also give the name and address of the person who infected him if he attributes such infection to a prostitute.



Parents and tutors of minors suffering from venereal disease are held responsible for their following the treatment presently required.

- II. If a venereal-diseased patient desires to change his medical advisor or if he cannot be attended by him any longer, such venereal-diseased patient shall forthwith consult, and place himself under the treatment of another medical practitioner.
- III. Whenever a medical practitioner becomes aware that any person consulting him is suffering from any venereal disease, he shall give notice thereof to the District Inspector of the Superior Board of Health for the locality in which the patient resides, but the notice shall not disclose the name nor address of the patient (a key system is to be used). The physician shall indicate the probable source of infection, if his client has designated a prostitute as being responsible.
- IV. For any infringement of these by-laws, the offender is liable to a penalty of \$20 and to an additional penalty not exceeding \$10 for each day, above two, during which such infraction is continued.

(h) To enact that persons arrested for sexual offenses,—prostitutes, protectors of prostitutes or purveyors of prostitution,—be submitted to a medical examination between their conviction and the sentence, and that the result of the examination be privately communicated to the magistrate who is to pronounce the sentence. To provide for the examination of prisoners upon admission to jail whatever the offense has been and, if necessary, for their treatment while imprisoned; and should they be not cured at the expiration of their sentence, the jail's physician would so notify the District Inspector of the Superior Board of Health for the locality in which the discharged prisoner has his residence.

*Corollary Provision.* To ask the Legislature to enact that: "As far as venereal diseases are concerned, the physician is relieved from professional secrecy when such exemption has become necessary in order to prevent contagion and also for the ends of justice."

(i) To provide, by a by-law of the Superior Board of Health, for the detection of venereal-diseased prostitutes in order to bring them under medical treatment until cured. The by-law could probably be framed as follows:—

#### *Detection of Venereal-Diseased Prostitutes*

- I. Any municipal sanitary authority may, through the medical inspector whom it shall have appointed for each case in particular, enter and visit dwellings or premises where, according to an affidavit, there is sufficient reason to believe that anyone is there engaged in prostitution; make a medical examination of any such person and all researches which may help the diagnosis of venereal diseases; repeat such visit as often as considered necessary by the sanitary authority under which he acts.
- II. Whenever indications of venereal disease in communicable form will have been found, the municipal sanitary authority may have those

diseased persons removed from the house of prostitution and placed under treatment in an hospital or other institution admitting such patients or take any other measures necessary to eliminate the danger of contagion.

- III. Any person attempting to prevent the execution of the prescription of the present by-laws or neglecting to obey their requirements is liable to a fine of twenty dollars, and to a fine not exceeding ten dollars per day for each day, above two, during which such infraction continues.

#### D. PUNISHMENT FOR EXPOSING OTHERS TO INFECTION

(j) Article 3929 of the Quebec Public Health Act to be replaced by the following more effective provision:—

3929—Any person suffering from venereal disease who has sexual intercourse, or otherwise exposes other persons to infection, is liable to a penalty not exceeding \$500 or to an imprisonment not exceeding one year.

To enact, by an amendment to the Federal Criminal Law that "the conscious transmission of a venereal disease is a criminal offense, punishable by a fine or jail."

#### E. MEASURES AGAINST EXTRA-GENITAL CONTAGION

(k) To prohibit persons suffering from venereal disease in a communicable form from working in any place where foods or drinks are prepared, cooked, mixed, baked, exposed, bottled, packed, handled, manufactured, offered for sale, or sold.

To prohibit those in charge of such establishments from employing venereal-diseased persons having infectious lesions.

(l) To combat, by instructions or recommendations, the danger of infection from indiscriminate contact such as:—

1. Barbers' and manicure utensils not sterilized after each use.
2. Common drinking cups.
3. Exchange of smoking pipes.
4. Roller towels.
5. Exchange of bobbins in cotton factories.
6. Use of saliva as an adhesive by cigar makers.

*Successful Prophylaxis.* A "Specimen Lecture to Troops on the Prevention of Disease," issued by the British Army Medical Service, deals with the character and prevalence of the venereal diseases, advises avoiding the risk of infection, and emphasizes the necessity of early treatment (prophylaxis) by those who in spite of warning run the risk. It says in part:—

You would, no doubt, like to know how much this prevents venereal when it is properly carried out. A medical officer in Portsmouth was looking

after 2,000 troops for about 18 months. There were something like 16,000 men through that barracks in the time and only four cases of venereal occurred in the whole 16,000. That was because most of them carried out his instructions with regard to disinfecting themselves as soon as possible after exposure to infection. The four men who did get it had not used the disinfectant at all. I could tell you a number of instances like that, but here is just one other to show you the value of disinfecting early. The troopships from New Zealand used to touch Capetown, and a lot of men were always allowed to go ashore. The result was that by the time they got to England there was always a crowd of venereal patients to send to hospital. But on one trip the medical officer got the men together before they reached Capetown and told them all about the importance of disinfecting after going with women. He told them that if they went with women and did not disinfect afterwards many of them would be sure to get venereal, and advised them very strongly to come and be disinfected as soon as they got back to the ship if they had been in any sort of danger while they were ashore. They practically all took his advice, and the ship landed in England without a single case of venereal.

This is not told you to show you how to indulge in vice without penalty. You know that on every ship's railings there are always a number of lifebuoys. Of course they are there to save the life of any one who is fool enough to fall overboard. Everybody knows they are for that purpose, but nobody thinks they are to encourage men to jump overboard. Well, the early treatment antiseptics are like the lifebuoys. . . .

For the sake of our country we must prevent venereal disease at all costs. All the thousands of soldiers who are now suffering from venereal disease have to be replaced by other men. That means so many more men called up, millions more money spent, and so much longer the war. After every war venereal spreads through the country like the plague, and wherever it goes it causes endless misery. Clean, decent, healthy young women who marry infected men get the disease and perhaps never know a day's enjoyment of health afterwards. Children inherit it from their parents and grow up cripples, insane, or blind. Think of the responsibility which lies on a man who causes all that misery, and remember that he could have prevented it if he had only avoided intercourse with women beforehand, or if he had only taken the precaution to disinfect himself at once whenever he had indulged. . . .

Now that is all I want to say. I have talked to you as decent, reasonable men. I have appealed to your common sense. You know as well as I do now how venereal is caught, you know what a terrible thing it is, and you know how it is prevented. I don't want you to be immoral, but if you WILL incur danger of disease you must not come back here in a filthy state, bringing disease into the barrack room. For the sake of your comrades, to say the least—for the sake of your country, your future wives and families, for the sake of almost everything which makes life worth living, you must disinfect yourselves.

*The German Exposition.* The German Society for Combating Venereal Diseases, in collaboration with the National Museum of Hygiene, inaugurated a large exposition at Dresden to show the dangers resulting from sexual promiscuity. Delegates of the Government, city officials, and medical authorities attended the opening. Owing to the widespread misery in Germany, it is feared that the white slave trade may increase, and special measures are being adopted to control the emigration of women, especially those destined for South America.

*Prostitution in Argentina.* Prostitution in the Argentine Republic is maintained largely by girls from Russia, the Balkan States, and Austria, according to a speaker at the conference of the National Vigilance Association, in London, May 2, 1919. He stated that perhaps not more than one-tenth of the prostitutes in the country are Argentine women.

The National Vigilance Association of the Argentine Republic Against the White Slave Traffic is doing what it can to break up this business and has the fullest support of the authorities, including ample laws and police coöperation in dealing with white slave cases.

On the other hand, the speaker stated that the general attitude of men in Argentina was favorable to prostitution, although the moral standard of the Argentine women is extremely high.

Prostitution is licensed in Argentina, but segregation in the American sense is not practiced. The present municipal government of Buenos Aires has greatly reduced the number of prostitutes in the city.

*Clinics in the United States.* Approximately 250 clinics are now being operated by, or in conjunction with, the Division of Venereal Diseases, of the United States Public Health Service. A useful list of all these clinics and of the detention hospitals or detention houses with hospital facilities for venereally infected persons in the United States is published in the weekly Public Health Reports, May 2, 1919.

*Flexner's Book Appears in French.* Translation into French of Dr. Abraham Flexner's book *Prostitution in Europe* had been completed before the war, but the publication is only now under way, according to the last issue of the *Bulletin Abolitionniste*, which gives it high praise.

"Dr. Flexner's book is by no means out of date in Europe," says

the *Bulletin*, "for it is a faithful picture of the situation in Europe at the end of that period of calm which preceded that great disorder not yet allayed and during which, although many small changes have taken place, nothing permanent has been altered in the realm of prostitution. One event alone is worth mentioning: the suppression of regulated prostitution in Sweden, as a result of the investigations of the parliamentary commission appointed some years ago."

*Prostitution in Japan.* The following account of prostitution in Japan is given in the *Bulletin Abolitionniste* of March-April-May, 1919:—

During recent years a movement against prostitution has appeared in Japan, especially following on the burning of the Yoshiwara (the red light district of Tokyo). Public opinion in general opposed that of the Japanese Christians who, considering the destruction of the Yoshiwara by fire as a manifestation of divine wrath, desired to begin an immediate crusade to abolish all segregated districts.

Nevertheless, isolated opinions are being heard among non-Christian circles against the reconstitution of the Yoshiwara. A Japanese woman interested in questions of morality has enthusiastically fought for this idea. She has now secured support in all social classes, and the movement for repression has lately gained great strength. A periodical devoted to the abolition of tolerated prostitution has been founded under the protection of Count Okuma. The first issue of this journal begins with an article by Count Okuma in which he says:—

"Lincoln emancipated the slaves because he considered slavery as the greatest sin perpetrated by humanity. The same principles guided our Government when, in 1872, it promulgated a decree liberating the unhappy women who were held in prostitution against their will. If this decree had been carried out in letter and in spirit the segregated districts of Tokyo and other parts of the country would already be merely a matter of history. It appears that the difficulties of execution were unsurmountable because the decree was not carried out. Nevertheless, it still exists. It can still be given effect. We have, therefore, no need of a new law to abolish prostitution; the revival of the old decree would be enough."

Count Okuma explains his attitude by another motive. He affirms that the forms in which prostitution is carried on in Japan are in direct opposition to the imperial edict of 1905. This edict imposed on officials the obligation of considering as their highest duty the moral development of the rising generation. In public schools, it is true, girls and boys are already taught to respect virtues and moral traits needed to lead them to a high degree of ethical culture. But, says Count Okuma, how can we hope to see young people have the highest morality and nobility of thought when by maintaining houses of debauch we offer them a spectacle of hideous immorality?

Another leader of this movement, Professor Abé, referring to the abolition of slavery in the United States, remarks that the emancipation of the slaves had serious effects on the cotton plantations, and that this was known in advance. Nevertheless, the slaves were liberated without hesitation, and with the knowledge that liberation must be maintained by force of arms. The question of tolerated prostitution is a humanitarian question, like slavery; it should be treated as such.

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## THE PUBLIC HEALTH SERVICE CAMPAIGN AGAINST VENEREAL DISEASES.

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During the progress of the war, every agency of the government, every organization and every patriotic citizen throughout the country devoted their energy to increasing every phase of national efficiency with a view of terminating as quickly as possible the great world war. This concentration of effort on the part of the entire citizenship will have a far-reaching effect upon our national development, and in no class of public service has greater progress been made than in the important work of controlling the spread of the venereal diseases. The development of a national program for this important work would have taken more than a generation had it not been for the awakening of the civic consciousness resulting from our military activities.

The United States Public Health Service early realized its responsibility in connection with the development of this campaign, and for the purpose of organizing a nation-wide control of the venereal diseases the following telegram, letter, and memorandum were sent on January 2, 1918, to the health officers of all the states:—

### TELEGRAM

Control venereal infections in connection prosecution of the war constitutes most important sanitary problem now confronting public health authorities of United States. Plan of control mailed you to-day. Request your coöperation forceful enforcement same. Venereal infec-

tions should be made reportable and quarantinable means of diagnosis and cure should be provided. Campaign wisely conducted publicity should be launched. Please inform me your action in premises."

BLUE,  
*Surgeon General, United States Public Health Service.*

LETTER

SIR:

My telegram of this date as follows is hereby confirmed:—

"Control venereal infections in connection prosecution of the war constitutes most important sanitary problem now confronting public health authorities of United States. Plan of control mailed you to-day. Request your coöperation forceful enforcement same. Venereal infections should be made reportable and quarantinable means of diagnosis and care should be provided. Campaign wisely conducted publicity should be launched. Please inform me your action in premises."

It is evident that the prevention of venereal infections in the military population is largely dependent on the degree with which these infections are prevented in the civil community. This imposes upon the civil health authorities the duty of forcefully attacking the venereal problem upon the basis of the control of communicable disease.

There is forwarded you herewith an outline upon which it is proposed to make this attack. Manifestly, no plan which can be set forth at the present time can be complete in all its details, nor can a plan be devised which in all its phases fits the requirements of each state exactly. Therefore, in the plan which I am sending you only the basic necessities have been stressed. Your cooperation in putting this plan in force is requested.

The Public Health Service in coöperation with the Red Cross and the Medical Department of the army is establishing venereal clinics in cities in immediate contiguity to the army cantonments. There is even greater need for the beginning of an active anti-venereal campaign in those cities which are outside of the military zones but into which soldiers go in search of recreation. Most important of all, perhaps, is the thorough education of the general public to the end that this disease group will be considered in the same light as are the other communicable infections. This will permit the free and frank discussion of this important question without offense to modesty.

I shall be pleased to have your views and suggestions as to the

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prosecution of further work along these lines. Whatever is to be done must be initiated promptly if we are to prevent the next increment of the draft from having the high venereal rate of the last.

Respectfully,

**RUPERT BLUE,**  
*Surgeon General.*

**MEMORANDUM**

*Memorandum relative to the control of the venereal diseases.*

**1. Epidemiology.**

- (a) Peculiar to the human species.
- (b) Chronic diseases.
- (c) Spread by contact,—not necessarily sex contact; chronic carriers.
- (d) Very prevalent in all classes of society.
- (e) Most prevalent in classes of low inhibition.

**2. Control.**

- (a) Depends upon the control of infected persons.
- (b) Control of infected persons depends upon knowledge of their whereabouts.

This may be determined by:

- (1) Morbidity reports by serial number (in the case of private practitioners), name to be disclosed when infectious persons cease treatment. Case then followed up by health department, which enforces quarantine act.
- (2) Morbidity reports from venereal clinic and hospital.
- (3) Legal enactment necessary to secure morbidity reports.
- (4) Enact and enforce ordinance requiring pharmacists to keep record (open at all times to health department) of sales of drugs for the prevention and treatment of gonorrhea and syphilis.
- (c) Object of this control is to prevent contact between infected and non-infected persons.
- (d) May be obtained by:
  - (1) Quarantine of infected persons.
  - (2) Cure of infected persons.
  - (3) Education of general public to avoid direct and indirect contact with persons infected or presumably infected.

**3. Quarantine of infected persons.**

- (a) Those who desire cure and can afford treatment.
  - (1) These are instructed by their physicians and theoretically are thus quarantined.
- (b) Those who desire cure and can not afford treatment

- (1) Means should be provided for the free treatment of this group.
    - (a) Accurate diagnosis.
    - (b) Dispensary relief.
    - (c) Hospital relief.
  - (c) Those who are careless or willful in the distribution of these infections through promiscuity.
    - (1) These for the most part are the ignorant or the criminal classes. Careful physical examination of all persons entering jails or other public institutions, those found infected to be isolated either in a special hospital or under a probation officer who enforces dispensary relief.
4. Cure of infected persons.
- (a) Establishment of venereal clinics by health authorities.
    - (1) Federal, in zones in close contiguity to cantonments.
    - (2) State, in situations where local authorities refuse or fail to establish clinic.
    - (3) City, particularly those cities in which commercialized or clandestine prostitution flourishes for the patronage of soldiers, but is beyond the authority of the Secretary of War.
    - (4) Country, in thickly settled rural communities.
  - (b) By the creation of new or the utilization of existing hospital facilities.
    - (1) For the treatment of those who volunteer for treatment.
    - (2) For the obligatory treatment of persons under control of the courts.
  - (c) By legal enactment.
    - (1) Declaring the venereal infections to be quarantinable.
    - (2) By substituting confinement to hospital for confinement to jail in the case of those convicted by courts and having venereal infections.
    - (3) By substituting remanding to a probation officer for the imposition of fines.
    - (4) To carry out 2 and 3 it is necessary that all persons arrested be examined by the city physician or other authorized person.
    - (5) By arrest of acknowledged and clandestine prostitutes by policewomen.
5. Public Education.
- (a) Relative problem of all moral and social issues, and place campaign solely on basis of control of communicable disease.
  - (b) Propaganda of wisely conducted publicity.
    - (1) Through public meetings addressed by forceful speakers.
    - (2) Through public prints.

- (3) By placarding public toilets, placards to emphasize danger of venereal diseases and to recommend prompt treatment either by competent physician or at the free venereal clinic.
- (4) By follow-up work by social workers.
- (5) By the education of infected persons.
  - (a) By physicians in private practice.
  - (b) By venereal clinic and hospital.

The response to these suggestions was very encouraging and by May 24, 1918, thirty-two states had undertaken systematic efforts to control the further spread of venereal diseases. This number has now (June 30, 1919) been increased to forty-four.<sup>1</sup>

So great was the interest created in this important public health work that a bill was introduced in Congress to enable the Government to better meet the responsibilities confronting health authorities. On July 9, 1918, the Chamberlain-Kahn bill passed Congress and was later signed by the President. The Surgeon General of the Public Health Service has characterized this bill as the most important public health legislation ever enacted into law.<sup>2</sup>

This bill created an Interdepartmental Social Hygiene Board consisting of the Secretary of War, the Secretary of the Navy and the Secretary of the Treasury, and the Surgeons General of the Army, Navy and Public Health Service, or representatives of the Surgeons General. The bill also established a Division of Venereal Diseases in the Public Health Service, \$200,000 being appropriated for its maintenance, and imposed upon this division the following duties:—

(1) To study and investigate the cause, treatment, and prevention of venereal diseases:—

(2) To coöperate with State Boards of Health for the prevention and control of such diseases within the states; and

(3) To control and prevent the spread of these diseases in interstate traffic.

<sup>1</sup> "A Year's Progress in Venereal Disease Control." By Gertrude Seymour, U. S. Public Health Service. *SOCIAL HYGIENE*, Jan. 1919. Vol. V, No. 1.

<sup>2</sup> "Four Million Dollars for the Fight Against Venereal Diseases." H. H. Moore, U. S. Public Health Service. *SOCIAL HYGIENE*, Jan. 1919. Vol. V, No. 1.



These specific duties being defined, the Public Health Service decided that the second was the most important one upon which to concentrate effort for the present, although each duty has received attention. It is obvious that the knowledge already possessed in regard to the cause, treatment and prevention of venereal diseases was quite sufficient to demand a definite effort to put into practice methods of control based on known scientific data in regard to the cause, treatment and prevention of gonorrhea and syphilis; and therefore, active coöperation with state boards of health has been the first objective desired. To meet the third duty imposed, Amendment No. 7 to the Interstate Quarantine Regulations was promulgated by the Secretary of the Treasury on November 22, 1918. This Regulation is as follows:—

1. Any person infected with syphilis, gonorrhea, or chancroid, who wishes to engage in interstate travel, must first obtain a permit, in writing, from the local health officer under whose jurisdiction he resides. This permit shall state that, in the opinion of the health officer, such travel is not dangerous to the public health.

2. Any person infected with syphilis, gonorrhea, or chancroid, who wishes to change his residence from one state to another must first obtain his release, in writing, from the local health officer. He shall inform the local health officer as to the place where he intends to reside and shall agree, in writing, to report in person to the proper health officer within one week after arrival at his new residence.

It shall be the duty of the health officer who issues the release to promptly notify the health officer under whose jurisdiction the infected person is to enter, of its issue. This release shall contain the name and address of the infected person.

The receiving health officer shall, in turn, report the arrival of the infected person to the health officer who issued his release and notify the state health officer of his state that a person infected with venereal disease has entered his jurisdiction.

3. Any person infected with syphilis, gonorrhea, or chancroid, who wishes to engage in interstate travel or change his residence, shall agree to continue treatment, under the direction of a reputable physician, until the health officer shall have certified that he is no longer infectious. A certificate of noninfection shall not be issued until the

health officer, or his accredited representative, shall have complied with the State board of health requirements for release of venereally infected persons.

The bill carried appropriations for encouraging scientific research in connection with the development of better medical measures for the treatment of venereal diseases and for discovering and developing more effective educational measures for the prevention of venereal diseases, and for the purpose of sociological and psychological research related thereto.

One million dollars was appropriated for distribution to the various state boards of health to enable them to cooperate with the Public Health Service in establishing venereal disease control measures. This appropriation was made for a biennial period and during the fiscal year ending June 30, 1919, each state was entitled to its allotment without the state being required to make any appropriation of funds, the state agreeing, however, that the funds so allotted would be expended in accordance with regulations promulgated by the Secretary of the Treasury.

For the fiscal year beginning July 1, 1919, in order for a state to receive a renewal of its allotment, it is necessary for the state to appropriate or otherwise set aside an amount equal to the allotment. Thirty-one states have already passed the necessary legislation to receive their allotment for the ensuing fiscal year; in six states the legislature does not meet until January, 1920, and in four states legislation for the appropriation of funds has been defeated. In the remaining seven states there is yet a possibility of the appropriations being made.

The requirement that the state should expend its allotment in accordance with certain regulations is the basis upon which the entire national campaign is being standardized. These regulations require that state boards of health shall agree to carry out the following measures:

Put into operation through a legislative enactment or a state board of health regulation having the effect of law, regulations in conformity with the suggestions approved by the Surgeons General of the Army, Navy, and United States Public Health

Service, for the prevention of venereal diseases. The minimum requirements of these rules are:—

(a) Venereal diseases must be reported to the local health authorities in accordance with state regulations approved by the United States Public Health Service.

(b) Penalty to be imposed upon physicians or others required to report venereal infections for failure to do so.

(c) Cases to be investigated, so far as practicable, to discover and control sources of infection.

(d) The spread of venereal diseases should be declared unlawful.

(e) Provision to be made for control of infected persons that do not coöperate in protecting others from infection.

(f) The travel of venereally infected persons within the state to be controlled by state boards of health by definite regulations that will conform in general to the interstate regulations to be established.

(g) Patients to be given a printed circular of instructions informing them of the necessity of measures to prevent the spread of infection and of the importance of continuing treatment.

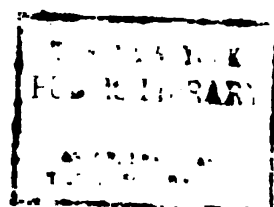
Each state receiving an allotment also accepts the assignment of an officer of the Public Health Service for the general purpose of coöperating with the State health officer in supervising the venereal disease control work in the state.

The general plan of the work for each state bureau of venereal diseases is outlined below.

*A. Secure reports of venereal infections from physicians and others in accordance with state laws.*

It is to be strongly emphasized that in reporting venereal diseases the right of the individual to keep his infection from public notice is carefully safeguarded. In most states the names and addresses of the patients are not required, unless their conduct makes them a danger to the public health, or they stop treatment before they are made non-infectious. In the former case, the public welfare requires legal action; and in the latter case it is for the patient's own good that he or she is compelled to complete the course of treatment. There is no question but that public

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opinion will sustain this measure, and all other reasonable measures for the control of the venereal diseases as soon as the people generally are informed on this problem. Every physician, therefore, who reports his cases of venereal disease to the board of health, according to his state laws, is placing himself in line with the soundest and most modern social progress; and, whoever conceals these cases from the state health authorities is antisocial and reactionary. The Attorney General of the United States, in discussing venereal disease control, cited from Black's Constitutional Law the following statement: "The right of a state to enforce quarantine laws in the interest of public health, or to abate nuisances which are of a character likely to injure the health of a community, has rarely ever been questioned. . . . It seems that medical and surgical treatment can be prescribed, against the consent of the individual, as a preventive of contagious and infectious diseases."

*B. Isolate and treat infected persons who are unable or unwilling to take measures to prevent themselves from becoming a menace to others.*

There are at the present time in the various states coöperating with the Public Health Service more or less adequate provisions for the proper detention of venereally infected persons. During the detention there should be ample time for the examination of the mentality and the past record of each individual. These detention hospitals should be administered with a view to the moral and mental rehabilitation of the patients. Some persons have an erroneous impression in regard to the detention of venereally infected persons, the claim being made that only infected women are detained. Such is not the case, however, as many venereally infected men have been detained during the past year for treatment. The reason for detention is not based upon sex, but upon the necessity for control measures being taken to prevent willful or ignorant persons from exposing others to venereal infections.

*C. Establish clinics for the free and proper treatment of venereal diseases and to eliminate conditions favorable to the spread of these infections.*

During the war the Public Health Service established twenty-five venereal disease clinics in extra-cantonment areas. The average daily attendance of patients at these twenty-five clinics is shown in the table, on page 425.

The total number of patients treated in these clinics from July 1, 1918, to May 15, 1919, was 65,783. Of this number 9,414 were discharged as probably cured and 3,740 as non-infectious but not cured. 60,621 doses of arsphenamine were administered to syphilitics during this period.

The clinics listed above have now been taken over by state or local boards of health and their operation continued as part of the various states' venereal disease bureaus.

In addition to furnishing treatment to infected persons, these clinics become the centers of the venereal disease attack. Through the female medical social workers, infected persons may be followed into their homes and advice given for the protection of the other members of the family. The nurses can also bring back to the clinics patients who have failed to return for continued treatment. This outside service also makes it possible to ascertain whether or not patients are guilty of continuing to expose others to infections. As educational centers the clinics distribute literature where it is most needed and should become bureaus of sex information where persons can obtain accurate information in place of the quack literature that causes needless worry and often worse results.

*D. Provide facilities for early diagnosis and treatment and laboratory examination for exact diagnosis to determine the period of non-infectiousness.*

The necessity for accurate laboratory diagnosis is obvious to all, as without this procedure it would be impossible to treat cases scientifically. Standards for the discharge of infected persons, recommended by the Public Health Service, may be found

Clinic	1918				1919		
	July	Aug.			Jan.	Feb.	Mar.
Anniston, Ala.....	....	13.0	13.2	9.0	14.3	17.4	14.0
Atlanta, Ga.....	53.5	50.0	35.5	97.5	94.3	79.7	93.5
Augusta, Ga.....	31.2	23.7	....	....	9.5	25.0	....
Charlotte, N. C.....	43.5	41.1	43.6	34.9	56.0	33.0	....
Chattanooga, Tenn.....	303.0	164.5	193.9	122.3	139.7	88.3	....
Chillicothe, Ohio.....	13.7	30.4	26.7	13.5	9.1	12.3	8.4
Columbia, S. C.....	7.5	17.2	25.2	27.5	31.4	32.0	47.5
Des Moines, Iowa.....	43.5	45.3	24.5	....	57.0	45.3	28.4
El Paso, Tex.....	61.9	73.2	84.4	75.0	78.5	75.1	68.4
Fort Worth, Tex.....	15.5	44.5	34.5	35.2	23.1	25.4	....
Greenville, S. C.....	77.5	75.3	75.5	40.5	49.7	55.0	70.9
Hattiesburg, Miss.....	9.3	8.3	11.0	14.2	14.1	17.7	....
Houston, Tex.....	90.5	124.3	126.3	13.3	108.3	124.0	67.0
Jacksonville, Fla.....	35.9	46.8	51.3	15.3	....	147.5	....
Leavenworth, Kan.....	55.5	62.0	63.3	82.5	110.6	83.6	125.3
Little Rock, Ark.....	....	20.2	22.2	20.0	6.5	8.4	....
Louisville, Ky. <sup>a</sup> .....	71.3	59.3	75.5	52.5	223.0	184.0	166.3
Macon, Ga.....	34.0	31.3	23.0	41.5	23.5	25.4	43.7
Montgomery, Ala.....	74.0	146.5	121.1	69.5	55.3	53.0	73.3
Newport News, Va.....	32.3	30.9	33.3	33.3	21.0	13.5	53.1
Petersburg, Va.....	23.5	59.0	73.9	24.1	38.3	34.5	35.0
Portsmouth, Va.....	32.2	41.0	56.2	42.5	35.0	36.2	39.9
San Antonio, Tex.....	96.0	65.4	62.4	50.9	36.9	42.6	63.9
Spartanburg, S. C.....	23.3	49.5	55.4	38.5	42.7	43.3	33.0
Waco, Tex.....	....	24.0	19.0	25.0	....	25.4	....
Daily Averages by Months	56.3	54.2	53.9	51.3	56.0	54.8	61.1

<sup>a</sup>Report for half month only. <sup>b</sup>First month opened. <sup>c</sup>Includes jail and workhouse.

<sup>a</sup>Report for half month only. <sup>b</sup>First month opened. <sup>c</sup>Includes jail and workhouse.



in Reprint No. 477 from Public Health Reports of July 19, 1918, and in connection with releasing patients physicians should remember that the discharge of venereal patients as cured or as non-infectious, is an act to be seriously regarded both from the standpoint of public health and human happiness. The examining physician should be fully aware of the responsibility resting upon him.

*E. Carry on a general educational campaign for the purpose of informing the general public as well as infected individuals regarding the nature of the disease and the manner of their spread, and the measures that should be taken to avoid infection.*

The various state boards of health, coöperating with the Public Health Service, are developing their own educational campaign, literature, placards, exhibits, lantern slides and motion pictures being made available to the general public.

*F. Coöperate with local civil authorities in securing the passage and enforcement of necessary ordinances for preventing contact between venereally infected and well persons.*

In order to facilitate the discussion of satisfactory ordinances and regulations, the Public Health Service has prepared standard forms of such proposed legislation for distribution to those interested. These model laws are set forth in V. D. Bulletin No. 39 entitled "Venereal Disease Ordinances."

In carrying out these measures, each state assumes the direct responsibility and supervision of the development of its own standardized program for venereal disease control. The coöperation of the Public Health Service in the capacity of consultant has the effect of harmonizing the various organizations interested in the future development of the campaign, and therefore, has facilitated the progress of the work. At the present time (June 30, 1919) 44 states have accepted their allotment and are prosecuting an energetic venereal disease control campaign within their state, developing the work along the three separate phases

of medical measures, an educational campaign and law enforcement activities.

The grouping of the work under the headings "Medical Measures," "Educational Campaign" and "Law Enforcement Activities" cannot be a systematic classification because certain activities overlap. For instance, the circularization of physicians and druggists is both educational and medical, but as it has such a direct bearing upon the treatment of infected persons, it is here classified as a medical measure.

The general plan for venereal disease control is grouped under three headings:

1. *Medical measures.*—The establishment of clinics, securing hospital facilities for venereally infected persons; making available laboratory facilities for the scientific diagnosis of venereal diseases; securing wide distribution of arsphenamine or similar products; obtaining the support of the entire medical profession in reporting their cases to the State board of health in accordance with law; treating venereally infected persons in accordance with the best modern methods; and securing the coöperation of druggists in refusing to dispense venereal nostrums and directing prospective purchasers of such remedies to venereal disease clinics or reputable physicians.

2. *Educational measures.*—The dissemination of information by leaflets, lectures, and other means for the purpose of warning every one of the serious nature of the venereal diseases, informing them that the method of spread of these diseases is by personal contact with infected persons, and urging continence as the only safe procedure for avoiding infection.

3. *Law-enforcement measures.*—Encouraging the closing of restricted districts; stimulating local authorities to carry on energetic campaigns for the suppression of clandestine prostitution in all its form; coöperating with local authorities with a view of rehabilitating venereally infected persons; commitment to institutions of venereally infected feeble-minded persons; and creating in each community public sentiment for the enforcement of

existing laws and ordinances tending to better civic conditions or for prompt enactment of needed legislation.

### *Medical Measures.*

In connection with the development of the medical control of venereal diseases it is obvious that the coöperation of the profession is essential. With a view of securing this coöperation and active participation in the campaign by all physicians, the Public Health Service prepared a circular letter which was sent to 131,780 registered physicians in the United States. With this circular was sent a post card for the physician to sign and return, thus indicating his willingness to coöperate in the campaign. The essential agreement clauses on this card were:—

1. To report venereal disease cases in accordance with the laws and Board of Health Regulations of the State.
2. To secure prompt treatment for all venereal cases, either treating them himself or referring them to a clinic or physician known to be competent in the treatment of such cases.
3. To give to every venereal disease patient a circular of instructions, a supply of which is to be furnished free of charge by the United States Public Health Service, or the State Board of Health.

Upon receipt of such cards by the Public Health Service, they were forwarded to the state board of health in which the physician resided so that the further development of the program in the various states might be decentralized as rapidly as possible. Each physician responding was furnished the "Manual for Treatment of Venereal Diseases," first prepared for medical officers of the army and later issued in civilian edition by the Public Health Service and various state boards of health. More than 115,000 copies of this manual have been printed and distributed, and its use will standardize treatment in accordance with modern, scientific methods. That doctors are reporting venereal diseases is proven by the data collected by one state board of health from September 1, 1918, to January 31, 1919, during which period (5 months), 24,477 cases of venereal disease were reported.

Forty-eight thousand five hundred retail druggists in the United States likewise received a circular letter from the Public Health Service, setting forth their responsibility in connection with preventing the spread of venereal diseases, and asking that they sign and return a card containing these clauses:—

1. Not to prescribe or recommend any remedy for a venereal disease.

2. Not to purchase a "proprietary remedy" to be sold to the public for the self-treatment of venereal disease, and not to sell any such "remedy."

3. To refill only such prescriptions for the treatment of venereal disease as were given originally to the customer by a reputable physician who is still in charge of the case.

4. To cause literature furnished by the Public Health Service or the State board of health to be handed to every person, asking, without a physician's prescription, for a remedy customarily confined to the treatment of a venereal disease. Further, to direct the applicant to a reputable physician, to a board of health, or to an approved venereal clinic.

The signed agreement cards from druggists were also turned over to the respective state boards of health in order that the local authorities might know which druggists were coöperating in this work. Supplies of a folder to be handed by druggists to persons asking for a venereal disease remedy were furnished each state board of health for the board to place with druggists for that purpose. This leaflet which is given directly to known infected persons, advises them to go to a clinic or a competent doctor for treatment, and not to attempt to treat a serious communicable disease themselves or by nostrums designed primarily for revenue only.

Replies were received from 50% of the physicians and from 60% of the druggists, which was extremely gratifying and indicated their readiness to accept responsibility and fulfill the local civic duties that must be assumed in order to insure the success of the national campaign.

Already more than 250 clinics where venereally infected persons can receive prompt, scientific and effective medical attention have either been organized or made available by hospitals to the health authorities for providing facilities for treatment of infected persons, thus destroying foci from which the diseases spread. A list of these clinics, giving their exact location, was published in the Weekly Public Health Reports of May 2, 1919. The general requirement for equipment and personnel of venereal disease clinics is described in Miscellaneous Publication No. 19, entitled "Instructions to Medical Officers in Charge of State Control of Venereal Diseases." In this pamphlet there is a reference to "early treatment" of venereal diseases by prophylactic measures, and in order that this phase of the program may be definitely understood, a statement prepared and published in the Public Health Reports for April 18, 1919, is quoted below:—

**Administration of early or prophylactic treatment:** It is not designed to establish prophylactic or early treatment stations primarily as such, but all clinics should be prepared to intelligently administer this treatment to voluntary applicants who give a history of exposure within a few hours immediately preceding their application.

Every extramarital intercourse is to be regarded as an exposure to venereal infection, and the so-called prophylactic treatment is really early treatment given without waiting for definite diagnosis.

Such treatment is very efficacious in preventing the development of venereal infections if given within the first hour after exposure. Its value rapidly diminishes from then on, and when four hours have elapsed since the exposure it is of very little usefulness. It should, however, with this understanding, be given up to at least 10 hours after exposure. . . . It should always be remembered that complete control of the patient is necessary in order to obtain satisfactory results from early prophylactic treatment.

On March 24 a circular letter on this subject was issued by the Bureau to all venereal disease clinics and State Venereal Disease Control Officers, reading as follows:—

Your attention is invited to paragraph 10 on page 11 of Miscellaneous Publication No. 19, relative to the administration of early or prophylactic treatment.

In addition to requesting all persons giving a history of exposure to report at the clinics for re-examination during the period specified, a memorandum record should be made of those calling for treatment. Each person should also be furnished with the circular of information given to infected persons, that he may be fully informed as to the dangerous nature of the venereal diseases.

Upon the completion of the period of observation, the office memorandum relative to the administration of early treatment should be destroyed, and the report at the end of the month should show the number of persons given early treatment. No permanent record should be kept of the names and addresses of those treated and observed, unless a venereal infection should develop, in which case, of course, they would be reported and treated as would be any other venereally infected persons.

Persons requesting "early treatment" who develop venereal infection are reported by the clinic to the State health authorities in accordance with law, and are brought under control to prevent the spread of infection in the same manner as are other patients of the clinic.

These measures have already resulted in decreasing the number of exposures to venereal infections. Yet sex attraction is one of the fundamental instincts of the human race, and some persons will continue to expose themselves to the infection of these communicable diseases. The community is entitled to the protection given by prompt "early treatment" in preventing the development of these potential foci of venereal infections, while it (the community) is, in the meantime, strengthening the other medical and civic measures of prevention which the condition may require.

In Miscellaneous Publication No. 19, the value of trained nurses as medical social service workers is also mentioned. This phase of the work has proven of such importance that arrangements were perfected to give a limited number of graduate nurses a special course in follow-up medical social service work with cases of venereal infection. These especially qualified nurses

will be able to pass on much of their training to other nurses through being placed in supervisory positions by various states and the Public Health Service.

### *Educational Measures.*

In developing the general educational phase of the program, such pamphlets as "War on Venereal Diseases to Continue," "Ravages of the Innocent Must Stop," "The People's War," "When They Come Home," have been mailed to selected lists of interested persons in order to arouse public opinion to the continued support of the organized effort being made by the various health authorities. Thirty-nine different pamphlets have been issued and are sent on request to those groups for whom they were designed,—educators, young men, young women, parents, civil authorities, physicians, ministers, etc. The pamphlets issued are listed below with a short descriptive title:—

1. **KEEPING FIT.** An illustrated pamphlet for older boys and young men, telling how they may keep themselves in prime physical condition; information regarding sex hygiene and venereal disease is included.
2. **RESPONSIBILITY OF DRUGGISTS TO THE PUBLIC HEALTH.** A special bulletin on venereal diseases.
3. **FIT TO FIGHT.** A description of the motion picture bearing this title.
4. **KEEP THEM FIT.** An appeal to civilians to keep in fighting trim the soldier, the workingman, and the draftee.
5. **THE ATTACK ON VENEREAL DISEASES.** A statement of the government's plan in combating venereal diseases, indicating the particular functions of various governmental agencies.
6. **MANPOWER.** A pamphlet for men, giving the facts of venereal diseases and material on sex hygiene.
7. **THE PROBLEM OF SEX EDUCATION IN THE SCHOOLS.** A pamphlet for educators.
8. **ON GUARD.** A pamphlet for girls, published by the New Jersey State Board of Health and distributed temporarily by the Public Health Service.
9. **THE NEED FOR SEX EDUCATION.** A one-page illustrated statement for parents.
10. **WHY SHOULD HIGH SCHOOLS AND COLLEGES PROVIDE SEX EDUCATION?** A one-page statement with diagrams for educators. (Venereal Disease Bulletin No. 10.)

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11. **VENEREAL DISEASE.** A public health problem for civilian communities. A one-page pamphlet containing graphs showing the prevalence of venereal diseases.
- 12 to 20 are leaflets used in circularizing industrial plants.
21. **AN APPEAL TO ALL RETAIL DRUGGISTS TO COOPERATE IN PROTECTING THE FIGHTING FORCES.**
22. **TODAY'S WORLD PROBLEM IN DISEASE PREVENTION.** By J. H. Stokes, M.D. A book of 136 pages dealing with the causes, effects, prevention, and cure of syphilis.
- 22a. **THE PLACE OF THE CHURCH IN THE CONTROL OF VENEREAL DISEASE.** A one-page statement by Rev. Worth M. Tippy to accompany Publication V.D. No. 22.
23. **WHEN THEY COME HOME.** An eight-page pamphlet appealing to public officers and the people in general to continue vigorously the fight against venereal diseases in order to keep clean communities for the sake of returning soldiers.
24. **WAR ON VENEREAL DISEASES TO CONTINUE.** An abbreviated edition of Pamphlet No. 23, with statements from Secretaries McAdoo, Baker and Daniels added.
25. **AN APPEAL TO ADVERTISING MEDIA TO COOPERATE IN THE FIGHT AGAINST VENEREAL DISEASES.**
26. **SHALL WE FINISH THE FIGHT?** A one-page statement manifesting the responsibility of civilian communities for venereal diseases in the army.
27. **VENEREAL DISEASES AND THE WAR.** A one-page statement showing the work of each state in respect to the proportion of draftees reporting at military camps with a venereal disease.
28. **COME CLEAN.** An appeal to registrants to come into the army free from disease and fit for service.
29. **PLACARD, 6 x 10 inches,** regarding the dangers of venereal diseases, for use in men's lavatories. This placard should not be posted without being framed under glass.
30. **THE PERCENTAGE OF VENEREAL DISEASES AMONG APPROXIMATELY THE SECOND MILLION DRAFTED MEN—BY STATES.** A two-page pamphlet containing graph and map.
31. **IMPORTANT CONFIDENTIAL INFORMATION.** A pamphlet containing instructions for persons infected with venereal diseases. This pamphlet is prepared for physicians to give to patients.
32. **THE PARENT'S PART.** A pamphlet telling parents how they may instruct their children and safeguard them from conduct which may ultimately lead to venereal diseases. (Published by the New Jersey State Board of Health and distributed temporarily by the Public Health Service.)
33. **TO GIRLS IN INDUSTRY ABOUT THE ENEMY AT HOME.** A pamphlet of warning to employed girls regarding venereal diseases. (Published by the New Jersey State Board of Health and distributed temporarily by the Public Health Service.)



34. **THE RIGHT STEER.** A pamphlet for the sailors of the Merchant Marine.
35. **AN APPEAL TO PHYSICIANS FOR COÖPERATION IN THE FIGHT AGAINST VENEREAL DISEASES.**
36. **DISEASE AND HEALTH.** A bulletin for druggists to hand to persons applying for venereal disease nostrums. Contains warnings against the use of such nostrums and urging all infected persons to apply to physicians for personal treatment.
37. **A MESSAGE FROM THE GOVERNMENT TO THE CHURCHES OF THE UNITED STATES.** This pamphlet contains a suggested program of activities for churches for the week of February 23, 1919.
38. **NEED FOR SEX EDUCATION.** A two-page illustrated statement for parents, containing a list of books for use in the family.
39. **COMPILATION OF SUGGESTED AND ADJUDICATED ORDINANCES WHICH HAVE PROVED SUCCESSFUL IN COMBATING VENEREAL DISEASES.** A compilation of ordinances for adoption by municipalities dealing with prostitution and venereal diseases.
40. **LECTURES FOR NURSES.** This pamphlet contains a course of lectures given to undergraduate nurses (with special emphasis upon the sociological aspects of venereal diseases).
41. **THE PLACE OF SEX EDUCATION IN BIOLOGY AND GENERAL SCIENCE.** By Edgar F. Van Buskirk. A brief statement showing how sex education has actually been taught in high schools in connection with biology and general science.
42. **RAVAGE OF INNOCENTS MUST STOP.** A four-page pamphlet containing a statement of the fourfold program of the Public Health Service and the State Boards of Health.
43. **THE PUBLIC HEALTH NURSE AND VENEREAL DISEASE CONTROL.** A pamphlet showing opportunities for useful work in the fight against venereal diseases.
44. **THE NEW WAR—FIGHTING FOR HEALTH.** A pamphlet for distribution among American soldiers in France for the purpose of enlisting their aid in the fight against disease at home.
45. **KEEPING FIT.** An exhibit for older boys. This pamphlet contains miniature copies of the card exhibit and lantern slides for boys on the subject of keeping fit.
46. **A PEOPLE'S WAR.** This pamphlet tells how the people of the United States are responding to the call of the government for service in the fight against venereal diseases.
47. **THE PERCENTAGE OF VENEREAL DISEASES AMONG APPROXIMATELY THE SECOND MILLION DRAFTED MEN—BY CITIES.** A four-page pamphlet containing graphs.
48. **HOW TO FIGHT VENEREAL DISEASES IN YOUR CITY.** A 23-page pamphlet setting forth a program of medical, educational and law-enforcement measures, and a plan for grading cities in relation to facilities for venereal control.

Thirty-six of the states have provided reprints of various of these or similar pamphlets to meet the demands arising in their states. More than 65,000 individual letters requesting pamphlets have been received by the Public Health Service within the past eight months, which requests were filled by the Service or state boards of health. The table given below shows data relative to the educational work of the Service and state boards of health:—

Number of pamphlets distributed in the United States.....	8,269,618
Number of different pamphlets issued by the United States Public Health Service.....	39
Number of states equipped with full sets of venereal disease pamphlets.....	36
Number of pamphlets purchased or reprinted by state boards of health .....	3,710,723
Number of lectures, conferences, exhibits, lantern slide and motion picture film showings reported the United States Public Health Service, the state boards of health, and the extra-cantonment zones .....	3,766
Number of selective service men reported reached by lectures.....	216,694
Number of framed venereal disease placards posted in railway coaches .....	38,000

In addition to pamphlets, moving picture films are being utilized for reaching the general public in a rapid manner and impressing upon those that really most need the information the menace of venereal diseases. The Public Health Service and various state boards of health own copies of venereal disease educational films that are used in giving free showings to invited audiences.

In addition to this general stimulation of public interest, the definite coöperation has been obtained of Rotary Clubs throughout the United States, women's clubs, boards of commerce, Young Men's Christian Associations, churches, public libraries, fraternal organizations and similar agencies. Each of these various organizations can take a very important part in the program for their special field of effort and can develop auxiliary agencies of great value to the constituted health authorities in furthering the detail work in connection with the suppression of venereal diseases. As an example of the kind of help that is given by these organizations, may be mentioned the work of

public libraries in making available approved books relating to sex hygiene for the use of parents and teachers in securing the necessary knowledge to enable them to impart instruction to children. The Public Health Service is not advocating the introduction of sex instruction into schools until the method of giving the instruction and the trained personnel for this important task becomes available. At a conference of educators from several states, at which representatives of the Public Health Service and the Bureau of Education were present, a resolution was adopted, the important features of which were,—(1) that the development of ideals of physical fitness is essential to the better conservation of national vigor and must include knowledge of the principal facts of sex; (2) that sex education be given its normal place in relation to physical education, biology, physiology, hygiene, general science and such other subjects to which it has a rational relation; and (3) that universities, colleges and normal schools be urged to prepare teachers who will be equipped to present the facts and ideals of sex in their relation to the subjects taught. Such instruction will have a great effect in reducing the incidence of venereal infections during the next generation.

Enlisting the support of Negro citizens in the campaign is of great importance and has been partially met by the Public Health Service, employing three colored physicians to present this program to their own race in such a way as to attract their interest and at the same time present to Negro organizations a definite program which may be carried out by them in coöperation with the constituted health authorities having jurisdiction. The importance of this question to the Negroes of the United States is made evident by the statistics compiled by the medical records section of the Surgeon General's Office of the United States Army relative to the percentage of venereally infected persons found upon examination of the drafted men. Approximately, the second million men examined in seven southern states were found to be more than ten per cent infected with venereal diseases. This condition was largely due to the fact that those were the states furnishing the largest number of Negro

soldiers, another probable contributing factor being illiteracy of both white and colored soldiers. "Combining the data of the last ten years the rate for all venereal diseases for colored troops is a little less than double that for whites."<sup>3</sup> The willingness to meet their responsibility has been demonstrated by various Negro organizations in the United States, and this phase of the work is referred to at this time in order to remind those intending to give their support to the campaign for venereal disease control, of the fact that Negroes can play a most important part in developing this campaign and that the leaders of the race have been found willing to assume their full share of the work of venereal disease control.

One phase of the campaign, which may be classed as an educational activity, really includes all phases of the work, in that each of the 710 cities in the United States having a population of 10,000 or over are to be graded by representatives of the Public Health Service and the various state boards of health to show their standing in relation to the national campaign for venereal disease control. The schedule for grading comprises a total possible 1,000 points assigned as follows:—

#### I. Medical Measures

1. A free clinic.....	125	points
2. Venereal disease control ordinances or regulations	75	"
3. Facilities for hospital treatment including facilities for detention and isolation of carriers.....	50	"
4. Elimination of advertising quacks and of the sale of venereal disease nostrums.....	50	"
	<hr/>	300 points

#### II. Educational Measures

1. Venereal disease educational placards.....	50	points
2. Educational pamphlets.....	65	"
3. Educational books.....	20	"
4. Educational lectures.....	50	"
5. Motion pictures.....	65	"
6. Exhibits .....	50	"
	<hr/>	300 points

<sup>3</sup> Love and Davenport in "Proceedings of the National Academy of Sciences," Vol. 5, pp. 58-67, March, 1919.

## III. Law Enforcement Measures

1. Law prohibiting prostitution.....	25	points
2. Rooming-house and hotel licensing law.....	30	"
3. Dance hall law.....	25	"
4. Law regulating taxicabs and for-hire automobiles	20	"
5. Adequate detention facilities.....	50	"
6. Rehabilitation facilities.....	25	"
7. Institution for feeble-minded.....	25	"
8. Enforcement of law.....	100	"
		<hr/> 300 points

## IV. Cooperation

Team Work.....	100	points
		<hr/> 100 points
Grand total.....		1,000 points

It is the intention of the Public Health Service to have graphs prepared showing the relative standing of each city graded, and in this way to stimulate the various cities to greater activity.

*Law Enforcement Work.*

This phase of the national campaign for combating venereal diseases is one that unfortunately has been somewhat misinterpreted by many physicians and officials whose interest has been only partly aroused, and who, therefore, have failed to realize the necessity for strict law enforcement measures. Others have not appreciated the direct bearing such laws have upon the strictly medical phase of the subject. Laws for the suppression of prostitution in all its forms, regulating lodging houses, the operation of taxicabs, providing supervision of dance halls and other amusement places will do more than better the morality of the community,—such ordinances actually operate for the protection of the health of the people. The effect of the proper enforcement of these laws will be to limit the contact between venereally infected and well persons and thereby directly to reduce the number of cases of gonorrhea and syphilis that will require treatment at the hands of physicians and the venereal disease clinics. Practically every city in the United States has passed laws for the abolishment of open segregated districts, and where such districts are abolished, they will never be reestablished. Public sentiment is united against the legalizing of

disease-spreading foci. However, the degree of activity displayed by local communities in suppressing clandestine prostitution in its many forms varies considerably. The support that physicians and health officers will give local authorities for the proper enforcement of such laws will depend upon the clarity of vision which such groups possess in interpreting the value of these laws as sanitary measures.

The most encouraging development of the work is the knowledge that the general public throughout the United States is in hearty accord with the efforts that are being made by the Government in coöperation with state boards of health for the development of the nation-wide plan for venereal disease control. The prevention of venereal diseases is a subject which makes a universal appeal to all classes of citizens in every section of the country. "The real thing that we have to conserve in America is the American people, their energy, their elasticity, their origina-tive power, their capacity to hope and to achieve."—Woodrow Wilson—1912. The people are ready to help in this great public health work and only need be told what part they are expected to play in order to meet quickly their responsibility. All health officials are encouraged, by the great support and pressure of public opinion, to combat this menace to national efficiency in an open fight, and to keep up the work until these dangerous communicable diseases shall no longer menace the welfare of the people, nor posterity need to bear the burden of a tainted heritage.

**FROM THE COMMANDER-IN-CHIEF**

The fact that our soldiers, in a land of different customs and languages, have borne themselves in a manner in keeping with the cause for which they fought is due not only to the efforts in their behalf but much more to their high ideals, their discipline, and their innate sense of self-respect.

**PERSHING.**

## THE WORK OF THE UNITED STATES INTERDEPARTMENTAL SOCIAL HYGIENE BOARD<sup>1</sup>

T. A. STOREY, M.D.

*Executive Secretary, United States Interdepartmental Social Hygiene Board*

Wherever money and human energy have been invested in accordance with the scientific facts concerned, man has succeeded in purchasing human health. The individual in comfortable circumstances or better lives longer on the average than the poor man. He spends his money for the purchase of a certain amount of health protection. The city that buys a pure water supply, purchases good sewers and employs a competent board of health secures thereby a lower rate of morbidity and mortality. The United States government paid money and invested a scientific knowledge of hygiene in Panama, Cuba and the Philippine Islands, and the investment yielded a priceless health product in those places.

Wherever scientific knowledge of a cause or a carrier of a disease has been applied for its prevention and control, the resultant program of preventive hygiene has secured relief from the disease concerned.. This has been clearly true of typhoid fever, paratyphoid fever, typhus fever, yellow fever, malaria, diphtheria, trench fever, cholera, hookworm, smallpox, tuberculosis, rabies, and doubtless other diseases which I do not at the moment recall.

The venereal diseases include a group of diseases that seriously injure human health. We have had for some time a wholly adequate supply of scientific information concerning these diseases; but for the prevention and control of syphilis and gonorrhea there has not been, until recently, a program that could be compared with that for the control of other important diseases.

A number of national and local organizations have been in operation for several years for the purpose of diminishing the in-

<sup>1</sup> Presented before the Society of Directors of Physical Education in Colleges, April 11, 1919, Chicago, Ill. Revised September 3, 1919.



cidence of these diseases through municipal, state and national activities. Because of the investigations of these and other agencies, we have obtained possession of a number of very useful facts concerning the prevalence and the disastrous results of these diseases. The most important of these facts may be summarized as follows:

1. These diseases are found among all classes of society.
2. They are commonly associated with shame and crime.
3. They frequently ruin the family and the home.
4. They are often passed on from the guilty to the innocent.
5. Gonorrhea makes many men and women sterile.
6. Syphilis destroys more young and unborn infants than any other disease.
7. Gonorrhea makes many children blind.
8. Syphilis places more men, women and children in asylums for the insane than any other cause with the possible exception of alcohol.
9. Syphilis cripples the brain, the nerves and the muscles. Gonorrhea cripples the joints. Both of these diseases deform and incapacitate men, women and children mentally, morally and physically.
10. They destroy individuals, ruin homes, demoralize communities and defeat armies.

When this great war came on and we found ourselves about to take part in it, the American Social Hygiene Association addressed itself to the problem of securing the protection of our soldiers and sailors against such damages to health and efficiency as I have mentioned above. It was obvious that a program which could secure freedom from, or at least a considerable reduction of the injuries of these diseases in the army might enormously increase the fighting efficiency of our forces. It was known that in some instances the efficiency of regiments had been reduced by as much as thirty per cent because of venereal

disease. The prospect of protecting an army of several million men against health-destroying agencies that might reduce its fighting resources so materially was certainly worth while.

The program that was finally developed involved activities in the medical corps of the army, the medical corps of the navy, the United States Public Health Service, the Commissions on Training Camp Activities for the War and Navy Departments, and latterly the United States Interdepartmental Social Hygiene Board. This program was concerned in general with education, information, protection, prevention, treatment, cure, rehabilitation, and restoration.

About eighteen months ago these several agencies of the government came together for the purpose of forming an interdepartmental board which would coördinate their activities and add others that were not then developed. On July 9, 1918, Congress enacted a law establishing the United States Interdepartmental Social Hygiene Board and placing upon it certain obligations. The Board is made up of the Secretary of the Treasury, the Secretary of War, the Secretary of the Navy, and a representative chosen by the Secretary of the Treasury from the United States Public Health Service, a representative chosen by the Secretary of War from the medical corps of the United States Army and a representative chosen by the Secretary of the Navy from the medical corps of the United States Navy. This act of Congress carried with it an appropriation of something over \$4,000,000 which was made available for a period of two years.

One million dollars of this sum was set aside for payment to states for expenditure through their boards of health for the prevention, treatment, and control of venereal diseases. This appropriation of \$1,000,000 was repeated for the year beginning July 1, 1919. A second appropriation of \$200,000 was made for the establishment of a Division of Venereal Disease in the United States Public Health Service. This bureau was directed by the law to investigate the causes, treatment, and control of venereal diseases, and to assist in the control of interstate carriers of those diseases. A third appropriation of \$1,000,000 was made

for the purpose of assisting states in caring for civilian persons whose detention, isolation, quarantine or commitment to institutions would protect the armed military and naval forces of the United States from venereal diseases. A fourth appropriation of \$100,000 was made for the present year and repeated for the ensuing fiscal year for the purpose of assisting such colleges, universities and other institutions as, in the judgment of the Interdepartmental Social Hygiene Board, are qualified for scientific research to discover more effective medical measures for the treatment and prevention of venereal diseases. And finally the law carried an appropriation of \$300,000 for the present fiscal year and of \$300,000 for next year which "shall be paid to such universities, colleges, or other suitable institutions or organizations as, in the judgment of the Interdepartmental Social Hygiene Board, are qualified for scientific research for the purpose of discovering and developing, in accordance with the rules and regulations prescribed by the Interdepartmental Social Hygiene Board, more effective educational measures in the prevention of venereal diseases and for the purpose of sociological and psychological research related thereto."

The work of the Board has been very seriously handicapped because of certain inadvertences in the wording of the law which brought that Board into existence. Nevertheless a great deal has been accomplished through the application of these several funds. A tremendous campaign along the lines of information relating to the individual, group, and intergroup hygiene of venereal diseases has been carried on by the Division of Venereal Disease of the United States Public Health Service and by the Commissions on Training Camp Activities. Practically all of the states in the United States have passed laws or adopted regulations for the control of these diseases in accordance with the recommendations of the Secretary of the Treasury and the Interdepartmental Social Hygiene Board. All of the states with the exception of four or five have availed themselves of the appropriation set aside for the use of their boards of health for the prevention, treatment, and control of venereal diseases. Most of

those states have qualified for the appropriation set aside for them for the coming fiscal year on the condition that for each dollar received by a state from the government under this appropriation the state should set aside a dollar from its own treasury. The appropriation for assisting states in caring for infected civilian persons, in order to protect soldiers and sailors from venereal diseases, has been spent largely through the Law Enforcement Division of the Commissions on Training Camp Activities. The Commissions on Training Camp Activities have been greatly reduced in personnel, and the Law Enforcement Division has become, as a result, the field service of the Interdepartmental Social Hygiene Board. This field service has accomplished a tremendously important piece of work. Among other things it has taken care of over 30,000 delinquent women and girls who were detained in the neighborhoods of military and naval camps and has either sent them home, placed them on parole, or committed them to institutions for care and treatment.

The combined program of the army, the navy, the Public Health Service, the Commissions on Training Camp Activities and the United States Interdepartmental Social Hygiene Board resulted in a remarkable reduction of venereal infection in the army and in the navy during the war. Just as we succeeded in reducing or eliminating typhoid or typhus fever and other serious diseases when we wisely applied scientific knowledge and when we spent money in sufficient amounts, so we have succeeded in reducing enormously the occurrence of venereal infections, now that we have used the available scientific knowledge and have spent money intelligently for that purpose. No army in the history of the world has enjoyed the freedom from these diseases which the American army has secured.

A number of interesting facts have been brought up in connection with this whole program. In the first place it seems to be true that, in the civilian population, without any systematic control, venereal infections are ten times as numerous as in the army and navy under the systematic and regular control that obtains there. It has been found that, on the average, a soldier

with venereal infection is able to do some kind of work after about ten days in the hospital, and that it is very much better for the soldier that he be given work as soon as it is reasonably possible to do so. It may be said therefore that every case of venereal infection means a loss of at least ten days on the part of the man concerned. It must not be forgotten, however, that none of them are able to work at full normal capacity so soon; and that some men become incapacitated for life.

Between September, 1917 and February 14, 1919 there were over 220,000 cases of venereal disease in the army and there were over 60,000 cases in the navy. Our record then was somewhere in the neighborhood of 300,000 cases, causing the army and navy to lose approximately three million days of service. If there had not been an efficient program of venereal disease control with its educational, informational, protective, and preventive elements operating in the camp and outside of the camp, we would have had five times as many cases of venereal disease and we would have lost more than five times that amount of time and human service because of those diseases. The United States government by spending several million dollars in this campaign and by using the expert service of some of the best-equipped men and women in America, has saved a million or more young men from infections that would have incapacitated them all for at least ten days and some of them for life—infections that would have injured not only them, but many others with whom they would come in contact. It seems to me that this investment has been of priceless value to the government and to the men for whom it was made, and to the homes and families of those men. It gives us an example of what can be done by intensive organization for the control of this particular group of agencies that injure human health.

The activities of the Interdepartmental Social Hygiene Board that are more in line with my own professional experience are those concerned with scientific research and with educational demonstration. Our fund for the encouragement of scientific research is being distributed to institutions whose representatives

come to us with medical problems concerning the prevention and treatment of venereal disease, which these institutions cannot solve without financial help. The Board has made some distributions already and is negotiating with a number of institutions relative to other appropriations. Up to July 1, 1919, appropriations were made to fifteen university laboratories located in twelve states for the purpose of investigating twenty-four important problems in the prevention and treatment of venereal diseases. At the present time thirty-one of the most capable and best-known students of scientific medicine in America are engaged in directing and carrying out these researches. With them are associated a number of younger promising scientific investigators.

The Interdepartmental Social Hygiene Board has taken the position that education for the prevention of, avoidance of, and protection from venereal diseases, and unwise and injurious sex life should not be developed through a special and dramatic emphasis of those subjects, but rather through their normal consideration in their proper and regular relation with the other important divisions and sub-divisions of hygiene. Furthermore the Board takes the position that the greatest amount of permanent influence may be achieved if the regular class-room teacher is prepared in general hygiene as thoroughly as she is prepared in English or geography or mathematics. With these principles in mind, the Board has proposed to assist each state in the United States that will accept this assistance, to establish in one of its state normal schools, state colleges, or state universities that trains teachers, a department of hygiene that will reach every teacher in training in that institution, so that upon graduation the prospective teacher will have had as a part of his or her preparation for life work, training secured in a required, expertly supervised curriculum including courses and conferences in informational hygiene, and courses and conferences in the applications of hygiene, wherein are emphasized with appropriate and due proportion and proper tact and persistency the serious importance of the venereal diseases, their causes, carriers and pre-

vention, and at the same time, with all the consideration they deserve, emphasis is given to the other important facts, and applications of general, individual, group and intergroup hygiene. The Board is interested not only in this training for teachers but also in such a training for all college and university students. Up to August 15, the Board had made appropriations for the assistance of normal schools, colleges and universities in the establishment of departments of hygiene in twenty-eight educational institutions situated in twenty-six states.

It is wholly obvious that it is only through some such methods of approach as this that we will be able to influence our future citizenship to protect itself through habits of individual, group, and intergroup hygiene from the venereal diseases, as well as from the great variety of damaging agencies of similar or of different character with which the race has to contend. While it is true that one can, within limits, buy health, and while it is true that the city or the nation that will spend its money can buy protection from the agencies that destroy life and damage health, it is nevertheless equally true that there is a point beyond which your dollar and my dollar and the dollars of the nation as well cannot go for the purchase of vigor, physiological efficiency, and enduring life. Beyond that point the individual must provide his own protection and he must supply this protection through his habits of living. He must achieve this greater physiological efficiency, this better health, through his own physical education. If the United States Interdepartmental Social Hygiene Board succeeds in demonstrating the practical value of departments of hygiene in training schools for teachers, and in colleges and universities, it will have accomplished, in my judgment, one of the most important tasks that lies between us and the achievement of more perfect national vitality and of national health. If every parent and every other teacher of children were in possession of safe, general knowledge of the elements of hygiene, the children would profit enormously through their home and school experiences, and we would be supplied ultimately with a very

much more complete program of defense against the agencies that destroy health efficiency and life itself.

The following appendices throw additional light on the work of the Interdepartmental Social Hygiene Board.

#### APPENDIX 1.

##### RULES AND REGULATIONS GOVERNING THE EDUCATIONAL RESEARCH AND DEVELOPMENT FUND <sup>2</sup>

The United States Interdepartmental Social Hygiene Board prescribes the following rules and regulations in conformity with that part of section 6, Chapter XV, Public 193, 65th Congress, which provides that the sum of \$300,000 "shall be paid to such universities, colleges, or other suitable institutions or organizations as in the judgment of the Interdepartmental Social Hygiene Board are qualified for scientific research for the purpose of discovering and developing in accordance with the rules and regulations prescribed by the Interdepartmental Social Hygiene Board more effective educational measures in the prevention of venereal diseases and for the purpose of sociological and psychological research related thereto."

##### GENERAL REGULATIONS

1. Appropriations will be made from this, the Educational Research and Development Fund, only to universities, colleges, or other institutions that give satisfactory evidence of administrative responsibility, educational effectiveness, and scientific standards that will not depend on the support of the Interdepartmental Social Hygiene Board for their continuity.

2. Proposals for assistance will be favored which are concerned with the development of more effective methods of educating teachers while training in normal schools, colleges, and universities.

3. The Board in general will favor the development of educational methods under this appropriation that combine instruction and training for the prevention of venereal diseases in a wise proportion with and relation to instruction and training along other intimate and nearly related lines of hygiene.

##### REGULATIONS GOVERNING SPECIAL APPROPRIATIONS

4. For the purpose of "discovering more effective educational measures in the prevention of venereal diseases" appropriations will be made from the funds of the Board for such special researches as may be proposed to and approved by the Board under the rules and regulations laid down above and under the rules and regulations laid down for the allotment of appropriations from the Scientific Research Fund.

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<sup>2</sup>See Section 6, Chapter XV, Public 193, 65th Cong., Army appropriations bill, July 9, 1918.



## REGULATIONS GOVERNING APPROPRIATIONS TO STATE EDUCATIONAL AUTHORITIES

5. For the purpose of "developing more effective educational measures in the prevention of venereal diseases" appropriations will be made from the funds of the Board for the purpose of organizing or completing the organization within the chief normal training school or college training school for teachers in each state of a department of hygiene the curriculum of which shall include courses and conferences in informational hygiene, and courses, conferences, and training in the application of hygiene emphasizing with appropriate and due proportion and with proper tact and persistency the serious importance of venereal diseases, their causes, carriers and prevention; and emphasizing at the same time the other important facts and applications of general hygiene, individual hygiene, group hygiene, and intergroup hygiene.

6. In general the departmental organization contemplated by the Board may be outlined as follows:

## SUGGESTED ORGANIZATION OF A DEPARTMENT OF HYGIENE

I. *Division of Informational Hygiene.* (Stressing in each of its several divisions with due proportion and with appropriate emphasis, the venereal diseases, their causes, carriers, injuries, and prevention):

(a) The principles of hygiene. Required of all students at least twice a week for at least four terms.

(1) General hygiene. (The agents that injure health, the carriers of disease, the contributory causes of poor health, the defenses of health, and the sources of health.)

(2) Individual hygiene. (Informational hygiene, the care of the body and its organs, correction, and repair, preventive hygiene, constructive hygiene.)

(3) Group hygiene. (Hygiene of the home and the family, school hygiene, occupational hygiene, community hygiene.)

(4) Intergroup hygiene. (Interfamily, intercommunity, interstate, and international hygiene.)

(b) Principles of physical training. (Gymnastics, exercise, athletics, recreation, and play.) Required of all students. To be given at least twice a week for two terms in the junior or senior years.

(c) Health examinations—

(1) Medical examination required each half year of every student. (Making reasonable provisions for a private, personal, confidential relationship between the examiner and the student.)

(2) Sanitary surveys and hygienic inspections applied regularly to all divisions of the institution, their curriculums, buildings, dormitories, equipment, personal service, and surroundings.

**II. Division of Applied Hygiene.****(a) Health conference and consultations.**

- (1) Every student advised under "c" above (health examinations) must report to his health examiner within a reasonable time, as directed, with evidence that he has followed the advice given, or with a satisfactory explanation for not having done so.
- (2) Must provide student with opportunities for safe, confidential consultations with competent medical advisors concerning the intimate problems of sex life as well as those of hygiene in general.

**(b) Physical training.**

- (1) Gymnastic exercises, recreation, games, athletics, and competitive sports. Required of all students six hours a week every term.
- (2) Reconstructional and special training and exercise for students not qualified organically for the regular activities covered in "1" above. It is assumed that every teacher-in-training physically able to go to school is entitled to and should take some form of physical exercise.

**III. Division of Records and Planning.**

- (a) Investigations, tests, evaluating measurements, records, and reports required each term covering progress made under each division and subdivision of the department, for the purpose of discovering and developing more effective educational methods in hygiene.
- (b) Provide facilities for the sifting, selection, and investigation of problems in hygiene that may be submitted to or proposed by the department of hygiene.
- (c) Arrange for frequent lectures on public hygiene and public health from competent members of municipal, state, and national departments of health, and from other appropriate sources.

**IV. Personnel requisite for such a department.**—Men and women should be chosen for service in the several divisions of the department, who have a sane, well-balanced, and experienced appreciation of the importance of the whole field of hygiene as well as of the place and relations of the venereal diseases.

- (1) One director or head of department. Must have satisfactory scientific training and special experience, fitting him for supervision, leadership, teaching, research, and administrative responsibility.
- (2) One medical examiner for men and one medical examiner for women. There should be one examiner for each 500 students. Must be selected with special care because of the presence of extraordinary opportunities to exercise a powerful intimate in-

fluence upon the mental, moral, and physical health of the students with whom such examiners come in contact.

- (3) One special teacher of physical training (a "physical director") for each group of 500 students. There must be a man for the men and a woman for the women students. The physical training instructors employed in this department should be in charge of and should cover satisfactorily all the directing, training, and coaching carried on in the department and in the institution in its relation to athletics and competitive sports. The men and women who are placed in charge of individual students and groups of students engaged in the various activities of physical training (gymnastics, athletics, recreation and play) should be selected with special reference to their wholesome influence on young men and young women.
- (4) One coordinator (this function may be covered by one of the personnel covered by "1," "2" or "3" above). Will serve to influence every teacher in every department on the entire staff of the institution to meet his obligations, in relation to the individual hygiene of the students in his classes and to the sanitation of the class rooms in which he meets his students. The coordinator should bring information to all teachers and assist them to meet more satisfactorily their opportunities to help students in their individual problems in social hygiene.
- (5) Special lectures on the principles and progress of public hygiene and public health. A close coordination should be secured between this department and community agencies like the department of health that are concerned with public hygiene.
- (6) Sufficient clerical, stenographic and filing service to meet the needs of the department.

7. For the purpose of establishing such a department in a state training school for teachers, or in a state college that trains teachers, the Interdepartmental Social Hygiene Board will furnish financial assistance for the necessary personal service. Application for such assistance should be made by the educational authority of the state concerned.

8. In order to secure such an appropriation the state educational authority applying for such assistance shall furnish the Interdepartmental Social Hygiene Board with all necessary information and shall give the Board satisfactory assurance that there will be organized a department and a program of hygiene in general accordance with the plans of the Board.

9. The state normal school or state college to which appropriations are promised by the Board will first furnish the Board with a budget covering its probable expenses for personal service on forms to be furnished by the Board, and will make such accounting as may be required by the Board in conformity with the regulations of the Comptroller of the Treasury of the United States Government. Appropriations for the academic year beginning with this fall term of 1919 should be applied for and settled on or before May 15, 1919.

## APPENDIX 2

REGULATIONS GOVERNING THE SCIENTIFIC RESEARCH FUND<sup>3</sup>

The United States Interdepartmental Social Hygiene Board prescribes the following rules and regulations in conformity with that part of section 6, Chapter XV, Public 193, 65th Congress, which provides that the sum of \$100,000 "shall be paid to such universities, colleges, or other suitable institutions as in the judgment of the Interdepartmental Social Hygiene Board are qualified for scientific research for the purpose of discovering, in accordance with the rules and regulations prescribed by the Interdepartmental Social Hygiene Board, more effective medical measures in the treatment and prevention of venereal diseases."

1. Appropriations from this fund will be made only to universities, colleges, or other suitable institutions that give satisfactory evidence of possessing a staff of scientific experts and an equipment of scientific apparatus, supplies, and resources that will guarantee that the researches undertaken will be carried out under approved scientific conditions and in conformity with scientific methods.

2. Appropriations for this fund for scientific research will be made only for definite investigations that are described by the proposers in sufficient detail to satisfy the Interdepartmental Social Hygiene Board that there is a justifiable expectation that these researches "will discover more effective medical measures in the prevention and treatment of venereal diseases."

3. The universities, colleges, or other institutions proposing researches and asking for appropriations will furnish information on the following subjects:

- (a) Name of institution requesting appropriation.
- (b) Name, office, and address of official representative of this institution.
- (c) Title concisely descriptive of research proposed.
- (d) Laboratory in which research is to be carried out.
- (e) List of more important scientific publications from this laboratory.
- (f) Name and concise statement of the scientific training of the laboratory chief or director, or other individual responsible for the scientific policy of the laboratory.
- (g) Laboratory staff, giving names, degrees, etc.
- (h) Laboratory equipment and facilities, with a concise statement indicating scientific and working capacity of the laboratory, and coöperating laboratories, departments, and agencies.
- (i) Description of research proposed; outline plan in sufficient detail to show clearly its scientific character and justify the expectation that it will discover "more effective medical measures in the prevention and treatment of venereal diseases." Include references to important scientific literature bearing on research proposed.

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<sup>3</sup>See Section 6, Chapter XV, Public No. 193, 65th Cong., Army appropriations bill of July 9, 1918.

- (j) Probable cost. Give general items covering the necessary equipment and supplies, with an estimate of the probable cost of preparing and printing a report. Should not include the salaries of scientific investigators, but may include salaries for technical assistants.
- (k) Will this institution be able to carry on the research proposed if it receives no financial aid from the Interdepartmental Social Hygiene Board?

4. Universities, colleges, and other institutions asking for appropriations will furnish the Board with a budget made out on forms supplied by the Board and will make an accounting of their disbursements in conformity with the rules of the Comptroller of the Treasury of the United States Government.

### APPENDIX 3

#### MEMORANDA RELATING TO APPROPRIATIONS MADE FROM SCIENTIFIC RESEARCH FUND AND EDUCATIONAL RESEARCH AND DEVELOPMENT FUND OF THE UNITED STATES INTERDEPARTMENTAL SOCIAL HYGIENE BOARD, SEPT. 1, 1919

- I. Appropriations have been made from the educational research and development fund of the United States Interdepartmental Social Hygiene Board to the following institutions for the purpose of organizing or completing the organization within those institutions of departments of hygiene, the curricula of which shall include "courses and conferences in informational hygiene, and courses, conferences and training in the applications of hygiene, emphasizing with appropriate and due proportion and with proper tact and persistency the serious importance of the venereal diseases, their causes, carriers and prevention, and emphasizing at the same time the other important facts and applications of general hygiene, individual hygiene, group hygiene and inter-group hygiene":

Los Angeles, California, State Normal School.  
 Natchitoches, La., Normal School.  
 Maryland Normal and Industrial School (colored).  
 Maryland State Normal School.  
 Michigan State Normal School.  
 Winona, Minnesota, Normal School.  
 University of New Mexico.  
 Valley City, N. D., Normal School.  
 Reed College, Portland, Oregon.  
 Bellingham, Washington, Normal School.  
 University of Utah.  
 Alcorn, Miss., A. & M. College (colored).  
 Woman's Medical College of Pennsylvania.  
 Harvard University.  
 University of Missouri.  
 Colorado State Teachers College

New York State Teachers College  
Cornell University.  
University of South Carolina.  
Northwestern University.  
University of Pennsylvania.  
Cheney, Washington, State Normal School.  
Milwaukee, Wisconsin, Normal School.  
Indiana University, Bloomington, Indiana.  
University of North Carolina.  
University of Florida.  
University of Mississippi.  
Fisk University (colored), Nashville, Tenn.

An appropriation from this fund was made to a committee of psychologists under Dr. J. R. Watson, of Johns Hopkins University, for the "purpose of investigating the informational and educative effect upon the public of certain motion picture films used in various campaigns for the control, repression and elimination of venereal diseases."

II. Appropriations have been made to the following institutions from the scientific research fund of the Board for the purpose of discovering more effective medical measures in the prevention and treatment of venereal diseases:

(a) Leland Stanford Junior University Medical School:

"Investigation into more effective treatment in acute and chronic gonorrhea," under the direction of Dr. R. L. Rigdon, chief, Genito-Urinary Clinic, and Dr. A. S. Spalding, professor of gynecology.

"The permeability of the meninges to antisyphilitic drugs—an attempt to increase their permeability," under the direction of Dr. H. G. Mehrtens, professor of neurology, and Dr. Thomas Addis, director of the Laboratory.

"Investigation into more effective methods of treating syphilis," under the direction of Dr. H. Alderson, associate professor of medicine.

(b) University of Michigan College of Medicine and Surgery:

"A research for an improved method of demonstrating the spirochaeta pallida in human tissues," under the direction of Dr. A. S. Warthin, director of Pathological Laboratory.

(c) Johns Hopkins Medical School:

"Development of new synthetic drugs for the treatment of gonorrhea," under direction of Dr. E. C. White, Experimental Chemist to Brady Urological Institute.

"Manufacture and investigation of a series of new organic compounds in the treatment of syphilis," under the direction of Dr. D. M. Davis.

"Manufacture and investigation of a series of penetrat-

ing organic dyes in the treatment of chancroids," under direction of Dr. E. O. Swartz.

"Experimental study of various methods of early treatment of venereal infection with the object of developing simpler technic, more efficient and less expensive drugs," under the direction of Dr. William Jack.

(d) University of Wisconsin Medical School:

"An attempt to prepare mercurial and arsenical compounds which have a predilection for the central nervous system, in the hope of finding drugs more useful than any known in the treatment of syphilis of the central nervous system," under the direction of Dr. A. S. Loevenhart, director of the Laboratory.

(e) University of Nebraska, College of Medicine:

"(a) Investigation relative to the development of an internal urinary antiseptic."

"(b) Investigation of the value of certain anilin dyes in the treatment of gonorrhea." Both under the direction of E. G. Davis, M.D., director of the Pathological Laboratory.

(f) St. Louis University College of Medicine:

"Studies in infection by gonococci," under direction of R. A. Kinsella, M.D., director of the Department of Experimental Medicine.

(g) Woman's Medical College of Pennsylvania:

"A serological study of syphilis in pregnant women and new-born children, with special reference to the efficacy of the accepted methods of syphilitic treatment," under direction of Bertha M. Meine, M.D., director of the Research Department.

(h) Washington University School of Medicine:

"The laboratory (biological) investigation of the latent syphilitic as a 'carrier'," under the direction of Martha F. Engman, M.D., professor of dermatology.

(i) Cornell University Medical College:

"Serological study of the gonococcus group," under the direction of John C. Torrey, Ph.D., professor of hygiene.

(j) Jefferson Medical College of Philadelphia:

"A series of studies for the recognition and diagnosis of *treponema pallidum* in venereal diseases, and the effect of various drugs and materials as germicidal agents against *treponema pallidum*," under the direction of Randle C. Rosenberger, M.D., professor of hygiene and bacteriology.

(k) Yale University Medical School:

"Effect of anilin dyes, particularly gentian violet, on the gonococcus, with reference to the growth of the organism in media containing the dye, and with reference to the effect on organisms in tissue (therapeutic effect)," under the direction of J. M. Flint, M.D., and J. W. Churchman, M.D., professors of surgery.

"An intensive study of methods for the isolation and identification of the gonococcus, with a view to the determination of the homogeneity or heterogeneity of strains and their etiological relationships," under the direction of George H. Smith, M.D., assistant professor of department of pathology and bacteriology.

"The demonstration of syphilitic nature of unusual lesions encountered at the post mortem table," under the direction of M. C. Winternitz, M.D., professor of pathology and bacteriology.

(l) Union University Medical Department, Albany:

"For studies on the nature of the Wassermann reaction," under the direction of Thomas Ordway, M.D., dean, and associate professor of medicine.

"An attempt to produce generalized infection in lower animals with treponema pallidum or gonococcus," under the direction of George S. Graham, M.D., professor of pathology, and W. M. Baldwin, M.D., professor of anatomy.

(m) University of Minnesota Medical School:

"A study of the permeability of bacterial membranes, particularly the organisms of venereal disease," under the direction of W. P. Larson, M.D., chief, department of bacteriology and immunology, and J. F. McClendon, Ph.D., associate professor of physiology.

"Investigation of the chemical and physical properties of the cerebro-spinal fluid in the luetic and non-luetic," under the direction of L. G. Rowntree, M.D., of department of medicine, and Charles E. Nixon, M.D., instructor in nervous and mental diseases.

"Investigation of phenol-alcohol derivatives in relation to their antiseptics and chemotherapy of the gonococcus and spirochaete," under the direction of A. B. Hirschfelder, M.D., chief of the department of pharmacology, and H. G. Irvine, M.D., assistant professor of dermatology and syphilis.

(n) Harvard University Medical School:

"An investigation of the properties contributing to the toxicity of arsphenamine, neoarsphenamine and analogous products," under the direction of Reid Hunt, M.D., professor of pharmacology.



## APPENDIX 4

## PROPOSAL FOR THE ORGANIZATION OF DIVISIONS, SECTIONS, OR BUREAUS OF PROTECTIVE SOCIAL MEASURES IN STATE DEPARTMENTS OF HEALTH OR OTHER COMPETENT DIVISIONS OF STATE GOVERNMENTS, SEPTEMBER, 1919

In conformity with the provisions carried by Sections 2 and 5 of Chapter XV, Public 193, 65th Congress, Army Appropriations Bill, July 9, 1918, the Interdepartmental Social Hygiene Board proposes to assist those states that contain permanent military and naval establishments by making allotments for the organization of a division or bureau or section of the state department of health, or other appropriate sub-division of the state government of those states that will be concerned with the care of civilian persons "whose detention, isolation, quarantine or commitment to institutions may be found necessary for the protection of the military and naval forces of the United States against venereal diseases."

The Board proposes that when these bureaus of protective social measures be established in state departments of health, the personnel of such bureaus shall be employed by, directed by, and be responsible to the chief health officer of the state; and the chief state health officer shall operate a program for the prevention of venereal diseases and the consequent protection of the military and naval forces of the United States satisfactory to the Interdepartmental Social Hygiene Board and properly correlated with all other activities of the state health organization; and that the Interdepartmental Social Hygiene Board shall pay the salaries of the personnel necessary to complete the organization of these bureaus, divisions or sections of protective social measures in the state department of health each month up to June 30, 1920, in accordance with the provisions of the agreement to be made between the chief health officer of the state concerned and the Board.

In general, the Board will expect the chief state health officer or other state official entering into this agreement to be responsible for the operation, through the bureau of protective social measures of a program that will cover the following activities, depending upon the final detailed agreement reached between the chief state health officer concerned and the Board:—

- (a) Investigation of social conditions which make for the spread of venereal disease and search for foci of infection, with a view to securing the proper care or detention of civilian persons infected with venereal diseases.
- (b) Investigation of social influences that produce carriers of venereal diseases, and follow-up work with persons who have been carriers to prevent them from again subjecting themselves to conditions which may lead to infection.
- (c) Investigation of provisions and facilities for the care and maintenance of persons infected with venereal disease.

The Board recommends further that in general the following personnel be employed for the operation of this program:—

- (a) A director of the bureau of protective social measures.

- (b) A special investigator (man).
- (c) A special investigator (woman).
- (d) An expert on reformatories and detention house standards (woman).
- (e) A statistician with experience in social problems.
- (f) A stenographer.
- (g) A varying number of subordinate special agents and other employees.

## APPENDIX 5

## PROPOSAL FOR GOVERNMENTAL ASSISTANCE IN THE ORGANIZATION OF DIVISIONS OF EDUCATIONAL HYGIENE IN STATE DEPARTMENTS OF EDUCATION.

1. The United States Interdepartmental Social Hygiene Board proposes to assist state departments of education, state boards of regents, state officers of public instruction, or equivalent sections of state governments to establish Divisions of Hygiene as parts of the state educational organization which shall be concerned with the development and permanent maintenance of departments of hygiene, or courses in the principles and practices of hygiene in all of the educational institutions of the state, public, institutional and private, elementary, secondary, normal, collegiate, university, and professional.

2. The curriculum which the Board proposes for emphasis by these State Divisions of Hygiene shall include "courses and conferences in informational hygiene, and courses, conferences, and training in the applications of hygiene, emphasizing with appropriate and due proportion and with proper tact and persistency, the serious importance of the venereal diseases, their causes, carriers, and prevention, and emphasizing at the same time the other important facts and applications of general hygiene, individual hygiene, group hygiene, and intergroup hygiene."

3. The State Division of Educational Hygiene shall within the limit of the authority and educational influence of the state department of which it is a part, and in every reasonable way, assist all normal schools, colleges, universities, and similar institutions within the state to instruct all their students, and particularly those students that are preparing to teach, concerning the principles and practices of hygiene, in general conformity with the program proposed by the Interdepartmental Social Hygiene Board.

4. The State Division of Educational Hygiene shall influence selected schools to train teachers of hygiene in all of its subdivisions. It shall influence elementary and secondary schools to organize and carry on courses and classes for all children whereby they may be safely, wisely, and properly instructed in the principles and practices of hygiene that are fitting and appropriate to the age period, maturity, and development of the child concerned.

5. The organization of courses, studies, and activities which the Board suggests for adoption by State Divisions of Hygiene as a satisfactory standard for the educational institutions of the state is presented on pages 4, 5, and 6 of the "Regulations Governing the Educational Research and Development Fund of the United States Interdepartmental Social Hygiene Board." (See appendix 1, paragraphs 5 and 6.)

6. The Interdepartmental Social Hygiene Board suggests the following as a basis for the administrative organization of a State Division of Educational Hygiene:

*State Director of Educational Hygiene* (or Assistant Commissioner of Educational Hygiene) and other officers and assistants in accordance with the program and needs of each state.

- (a) The qualifications of the director. He should have a college education or its equivalent; a medical degree; satisfactory experience in municipal, county, state and national health service (very important but not a fixed requirement); and satisfactory administrative experience in a large educational system.
- (b) The duties of the director should be to focus the powerful influences of the State Department of Education upon every educational institution of the state for the purpose of bringing them to meet their obligations to train and prepare pupils and students and to educate teachers in the important and practical facts of informational and applied hygiene.

#### APPENDIX 6

REQUESTS FOR GOVERNMENTAL ASSISTANCE TO "THE VARIOUS STATES IN CARING FOR CIVILIAN PERSONS WHOSE DETENTION, ISOLATION, QUARANTINE, OR COMMITMENT TO INSTITUTIONS MAY BE FOUND NECESSARY FOR THE PROTECTION OF THE MILITARY AND NAVAL FORCES OF THE UNITED STATES AGAINST VENEREAL DISEASE."

The United States Interdepartmental Social Hygiene Board proposes that, in general, no further appropriations will be made for the assistance of institutions in the maintenance of venereally infected patients under the provisions of Sections 2 and 5 of the Chamberlain-Kahn Bill unless satisfactory assurance is secured (a) that the institution concerned is a permanent establishment; (b) that it cares for persons infected with a venereal disease who, if free, would be a menace to soldiers or sailors; (c) that a temporary emergency exists making financial help from the Board an imperative necessity; (d) that the Board of Health of the state in which the institution making application is located urgently recommends that the Interdepartmental Board give the temporary financial assistance requested; (e) that the allowance for per capita cost per diem for maintenance will not exceed the actual cost (maximum \$1.50) of such maintenance, and that maintenance will not include rent, insurance, overhead, or other items of maintenance that do not vary with the number of patients cared for each day by the institution; and (f) that the institution concerned provides a wise policy of medical treatment, hygienic instruction, vocational education, recreation, and social rehabilitation for its inmates.

## THE SIXTH DIVISION OF THE BUREAU OF NAVIGATION

COMMANDER C. B. MAYO, U.S.N.

On November 15, 1918, four days after the signing of the armistice marking the end of the heavy fighting in the great war, steps were taken to lay the foundation of an organization which would conserve the work of the great welfare organizations and of the Navy Department Commission on Training Camp Activities for sailors and marines. It was realized that the work of these organizations had been a great factor, not only in maintaining the morale of the men during the days of conflict and trial, but also in promoting clean thinking and clean living in the naval service. There was a very decided feeling that this work should not be allowed to lapse, that the ground gained should be organized, and that the men happily out of danger from the enemy across the waters should receive adequate aid in combating those enemies of right living which never lay down their arms. It was further realized that the great welfare organizations would have neither the funds nor the personnel to continue this work and that of necessity the greatest progress could not be made by any organizations working from the outside. By what agency, therefore, could such a work be most efficiently carried through to a successful conclusion?

The answer to this question was very clear. The navy itself should look out for its men with the assistance of the great welfare organizations whose untiring efforts had accomplished so much good. There was no bureau, no office, no division, in the Navy Department, properly constituted to take up this work and to develop it to its maximum possibilities. It was clearly foreseen that this should be a real navy affair without distinction as to corps or rank and that all men of the navy from the admiral to the seaman and the fireman, must be interested if the greatest effect was to be had. Line officers, doctors, supply officers, civil engineers, constructors,—every corps, must be

vitality interested. There must be a compact, efficient organization with its headquarters in the Navy Department and with its representative in every fleet and naval district.

The Sixth Division of the Bureau of Navigation was therefore organized, charged with the development of athletics, social hygiene, entertainment, music, religion, education, and the fullest usefulness of the great welfare organizations; to coöperate with civilian authorities in matters affecting naval personnel; to organize communities to serve the sailor men through existing organizations; to reach the homes of the sailors and to open the homes of the civilian population in those ports visited by the ships of the navy. The mission of this division was defined as follows:—*"To aid constituted authority to maintain a high morale,"* and the following definition of morale was taken as its standard:—

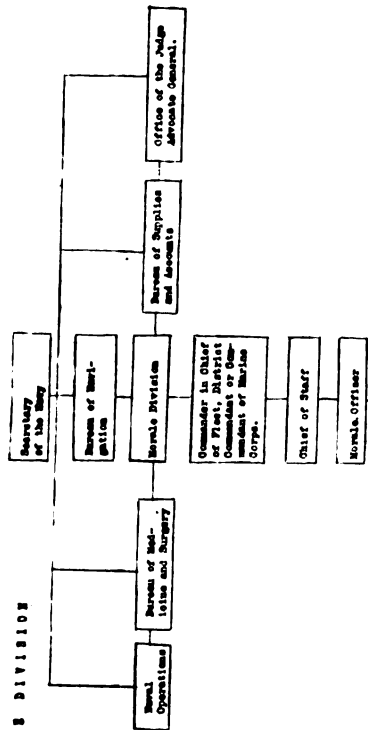
Condition is to the athlete's body what morale is to the mind. Morale is condition; good morale is good condition of the inner man; it is the state of will in which you can get most from the machinery, deliver blows with the greatest effect, take blows with the least depression, and hold out for the longest time. It is both fighting power and staying power, and strength to resist the mental infections which fear, discouragement and fatigue bring with them. It is the perpetual ability to come back.

The elements affecting the morale of the men of the navy were laid down as follows:

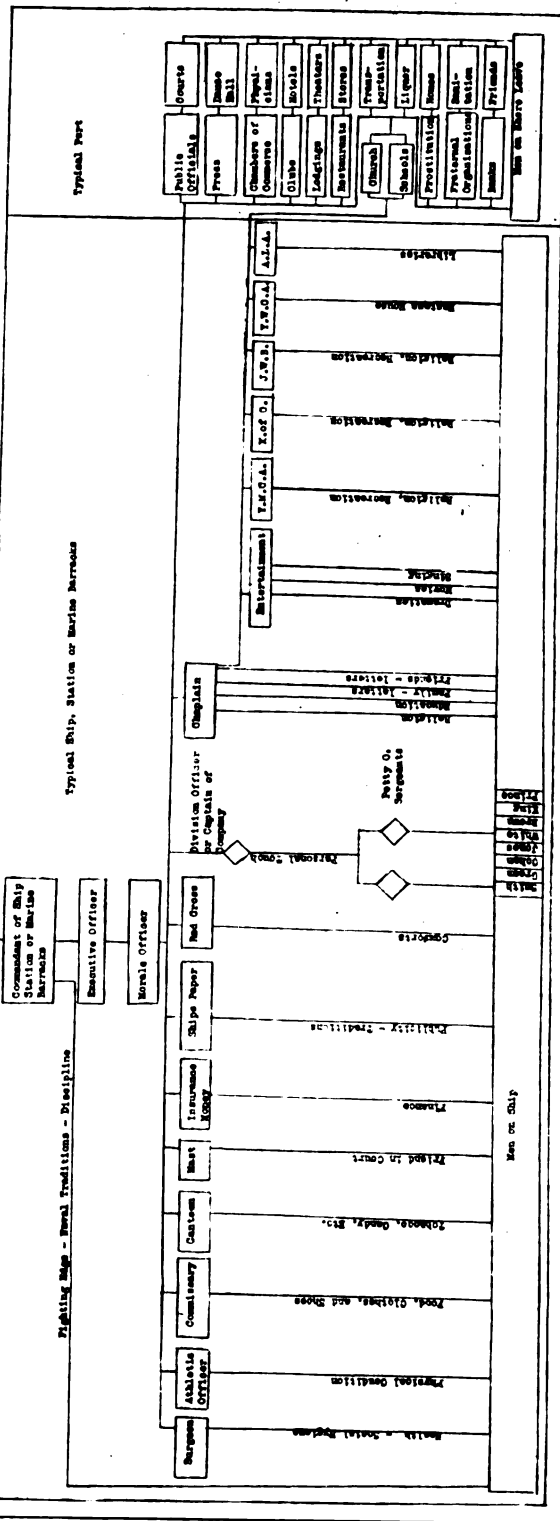
**CLASS I.**—Elements affecting the morale of men on board ship or in a naval station.

Discipline	Clothes—Shoes
Naval Traditions	Finance
Education	Insurance
Recreation	Ship or Station Papers
Religion	Health
Entertainment	Social Hygiene
Music	Canteens
Libraries	Athletics
Welfare Organizations	Red Cross
Food	

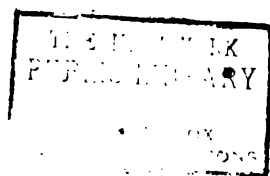
OFFICE OF MORALE DIVISION



"The simplest way of explaining the meaning of morals is to say that what condition is to the shabby's body, morals is to his mind. Morals is condition; good morals is good condition of the inner man. It is the state of will in which you can get most from the mastery, deliver blame with the greatest effect, take blame with the least depression, and hold out for the longest time. It is both fighting power and stirring power, and strength to resist the mental infection, which fear, discouragement and fatigue bring with them - it is the perpetual ability to come back."



### CHART SHOWING FIELD OF WORK OF THE SIXTH DIVISION



**CLASS II.**—Elements affecting the morale of the men in the port touched by a ship or in the community adjacent to a station.

Public Officials	Restaurants
Chambers of Commerce	Dance Halls
Banks	Physicians
Courts	Liquor
Churches	Prostitution
Schools	Theaters
Hotels	Stores
Clubs	Transportation
Fraternal Organizations	Friends
Homes	Health Organizations
Lodgings	Sanitation

**CLASS III.**—Elements affecting the morale of the men in the homes of the individual.

Family	Friends
Finance	Press

It was felt that in order to obtain and maintain the highest morale through the contentment, comfort, and recreation of the navy and marine corps, each and every one of these elements must be reached, and its possibilities developed to the fullest extent for good, or its evil tendency suppressed. Congress was approached and an appropriation of \$1,054,000 was requested, of which \$400,000 was granted. It was realized that this sum was inadequate to carry out the program as laid down for the Division, but nevertheless this appropriation marked a great step forward in the navy as it was the first time a large sum had been appropriated in times of peace for work of this type.

The best officers that could be secured from among the sea-going line officers of the navy were ordered to the several naval districts and are gradually taking up their work as aides to commandants for the specific purpose of maintaining a high morale. No officers have as yet been sent afloat as it is desired to try out the system thoroughly on shore and make changes before sending officers to sea. The duties of an Aide for Morale in a district are dual in nature:—first, toward the men stationed in the district; and second, to those on visiting ships. His greatest duty is to organize the community and to educate the civilian population to the duties it owes to the men in uniform. The diagram



facing page 462 will explain the relationship of the Aide for Morale to the other navy officials of a command.

In order that the practical workings of the Division may be seen, it is necessary to take up one by one the different elements which work for or against morale, and with which the Division is directly concerned. The treatment of each one of these elements will be as brief as possible.

#### DISCIPLINE.

The discipline of the command is the sole responsibility of the commanding officer and this Division would immediately defeat its mission if it attempted in any way to interfere with the discipline of a command. How then can the question of discipline, the greatest agency for or against morale, be reached? It was believed that if the best thought of the service were collected, the views of many types of fine naval officers laid down and given to the young officers just succeeding to command, that the Division would make a step forward in developing discipline in its relation to morale. With this end in view several of the most efficient officers of the navy, whose thirty or forty years of service have given them time to prove their theories, were requested to write articles on discipline, and these articles are being put into circulation among the officers of the navy with the request for comment and discussion. When the best thought of the service has been developed, lectures will be introduced into the course at the United States Naval Academy, where there are at present no lectures or text books on discipline.

#### NAVAL TRADITIONS.

Officers of the navy receive a very thorough course in the traditions of the service from Annapolis and from their reading at sea. This is not the case however with the large majority of the enlisted men in the navy. The great value of traditions has not been properly utilized in connection with the enlisted men. The Division is therefore developing traditions as follows:—First, putting into the hands of the men popular stories of the deeds

of their heroic predecessors in the navy; Second, using pamphlets detailing the heroic deeds of the war written in such a way as to be popular with the sailors; Third, by plaques and tablets to be placed on each ship, showing the deeds of her namesakes in previous wars; Fourth, by lectures and motion pictures.

#### EDUCATION.

One of the five greatest agencies for the upbuilding of morale is education. It must be understood that vocational education in the form of trade schools has already been developed to a large extent in the navy. A scholastic education has not, however, been wholly successful and the vocational education could be developed to a much greater extent. Each of the men in the service is much occupied by the calls of duty. A sailor's day commences at 5:00 A.M. and ceases at 5:00 A.M. the next morning. The ship must be properly guarded at all hours of the night and day, and must be kept in an efficient fighting condition ready to answer the call to battle at an hour's notice. Any system of education must therefore be developed along the following lines:—

First: *Non-compulsory.* It is held that if a man wishes education he need not be driven to it.

Second: *To occupy spare time.* As stated above, the calls of duty are so urgent that no system of education should consume time needed for battle exercises.

Third: *Self-help.* It was believed that the men must be made to dig out from the books their information with the least assistance possible.

Fourth: *Along lines which would be directly beneficial to them in the service.* A thoroughly competent man, a director of long experience and reputation, has been engaged to study the educational situation in the navy and to make recommendations to the Division regarding this aspect.

#### RELIGION.

History shows religion to have been one of the great elements in the building up of morale. We may have morale without religion, as is instanced in the armies of the first Napoleon, but the men composing these armies were very different from the men

composing the American navy and marine corps of to-day. About seventy-five out of every hundred of our men are raised in a rather strict religious atmosphere, and though perhaps the majority depart from the tenets of their parents, their very departure is a source of weakness to them. The consciousness of infraction of the rules of conduct carefully inculcated in the most formative period of a man's youth must have a depressing effect on his morale in later years. The mission of the Sixth Division is therefore to prepare the men's minds by clean living and clean thinking for religious teachings. The vital, uplifting influence of religion is a very constant thought of the Sixth Division.

#### FINANCE.

Nothing gives a man a more settled feeling than to realize himself the possessor of some wealth. Wealth may not be measured in thousands, perhaps not even in hundreds, and still remain wealth to its happy possessor. A bank account means a steady influence on the sailor and marine. The Government provides a ship's bank in which 4% interest is paid on deposits by the men and it is the mission of the Sixth Division to encourage saving in every way possible both for deposit in the ship's bank and in the banks on shore or for investment in government securities.

#### PRESS.

The bluejacket or the marine takes a great deal of pride in his ship or station paper. It may only consist of a few sheets but it wields no mean influence. "I seen it in the paper, so it must be true," still holds good in the majority of cases. The printed word carries authority oftentimes far beyond its true worth. There is no greater promoter of *esprit* in a station than a properly run paper. The Division therefore neglects no opportunity for encouraging ship or station publications.

#### HEALTH.

The Sixth Division is in active coöperation with the Bureau of Medicine and Surgery in the promotion of health in its rela-

tion to morale. Lieutenant Commander Phelps, in the U. S. Naval Medical Bulletin, is quoted as follows:—

It may be predicted with certainty that activities which will enhance self-respect, promote contentment, develop *esprit*, improve education and further the social welfare of men in the service will inevitably lead to measurable improvement in health conditions and reduction of preventable diseases.

#### SOCIAL HYGIENE.

The Division has a very active Social Hygiene Section which is using every means possible to bring home to the service not only the danger of venereal diseases but also the duty of men toward their future wives and children. A direct appeal is being made to chivalry and honor. The facilities of the Social Hygiene Section include literature, posters, lectures, slides and motion pictures. The Division has a very tangible problem to be handled, and five of the best officers of the medical corps have been detailed for this sole duty. It should be emphasized that the Social Hygiene Section of the Sixth Division is really a component part of the Bureau of Medicine and Surgery and functions only along lines approved by the Surgeon General, Admiral William C. Braisted. This work was placed with the Sixth Division on account of the conviction that all direct methods for the combating of venereal disease should be solidly welded together. In close contact with athletics, entertainment, home and community service, the Social Hygiene Section is in the best possible position to carry out the ideas of the Bureau of Medicine and Surgery.

#### ATHLETICS.

Physical law, mental law, moral law, all teach the doctrine of *mens sana in corpore sano*. Condition is to the athlete's body what morale is to the mind and the two are inextricably associated. Athletics is one of the most powerful of all the direct agencies for the promotion of morale. The navy for years has had excellent ship's teams, but all too frequently the participation in athletic games was confined to a comparatively few men of the ship's company who were specially qualified to become

athletes and who had enjoyed previous training in civilian life. The Sixth Division believes that this condition is wrong and that the man who really needs athletics is the man about decks or in the fire rooms, who has had small chance to make the first team of the ship. With this end in view the Division is actively engaged in a campaign to encourage ship or station teams with the idea of getting every man in the navy engaged in healthful sport and in competitive athletics. The question of money prizes has assumed serious proportions and every effort will be made to prevent materialism from creeping into navy sports. Medals, belts, and cups will be used instead of money prizes and sport for sport's sake will be encouraged. It might be remarked that all of the morale officers are or have been athletes in some form or another during their naval career. This does not mean that the morale officer is athletic officer of the station but it does mean that he has an intelligent conception of matters arising in connection with athletics. The Sixth Division has therefore adopted a definite policy of putting a ball, a glove or an oar in the hand of every man in the navy.

#### RECREATION.

This should really be spelled re-creation. The proper mission of recreation is to afford restful enjoyment for the individual. The function of recreation comes midway between athletics, the exercise of the body, and education, the exercise of the mind. It is gentler in its relief from routine work than either athletics or education. Under this head come libraries, lectures, tours of interest in the vicinity of ports and stations, fishing, shooting, dances and entertainments other than dramatics.

(a) *Libraries.* The American Library Association has loaned the Navy Department an expert librarian who will develop, under the direction of the Sixth Division, the libraries to their fullest usefulness. The ships and stations have been supplied with excellent libraries for years but there has been a certain lack of attention to the circulation of these books, which can only be remedied by a civilian expert.

(b) *Lectures.* The development of a lecture service holds within it great possibilities as an aide to morale. Lectures by professional lecturers, by men in the service, and by prominent men in public life will open a new field both educative and entertaining for the men of the service.

(c) *Tours of interest.* The Sixth Division is engaged in providing to the navy a service which will cover one hundred of the principal ports of the United States and foreign countries. This service includes slides descriptive of the port, lectures on its history and practical hints as to how to enjoy oneself when ashore. It might be timely to remark in this connection that the Social Hygiene Section issues a pamphlet called "Shore Leave" in which it points out the dangers of illicit intercourse, and advises the men to enjoy themselves in a clean and healthful manner. The lecture service then steps in and shows the men how to enjoy themselves. This service is very extensive and is being compiled and issued with the active coöperation of the consular service of the United States.

(d) *Entertainments.* Under this head come dramatics and motion pictures. The great increase in the mechanical efficiency of motion pictures; the very high quality, from an intellectual and moral viewpoint, of many productions; the ease with which the untutored mind grasps the message of this, the most ancient method of thought transmission (picture writing); and the universal appreciation on the part of the public of this form of entertainment has given motion pictures an important place in the world of entertainment. It is feasible not only to entertain but to instruct, "to point a moral," as well as "to adorn a tale" with the motion picture. The Division is therefore interested in the development of motion pictures as a means of building morale. A navy exchange is now being established in New York with branches in all the ports touched by the fleet with the idea of eliminating the middleman and securing for the navy the best and latest pictures, properly inspected, and at the lowest prices.

Dramatics have been taken up with the idea of systematizing and therefore aiding the production of amateur theatricals. An

expert has been secured and the general situation is being rapidly surveyed.

(e) *Public Officials.* The attitude of public officials themselves both as individuals and as organizations toward the service may have a very marked effect on the morale of the men stationed in the vicinity or of men on liberty from a ship. If these officials are individually friendly toward the navy and have a high opinion of its personnel there will be much less chance of friction between our men and the police force or other public officials. In some ports bluejackets and marines understand that if they depart in the slightest degree from the strictest of proper demeanor they will immediately be accused of being disorderly and there is trouble both for the police and enlisted men. If we can get the public officials to see what their proper attitude should be toward the men visiting their districts, a great work will have been done toward building up the morale of the service. The attitude of public officials toward illegal practices on officers and enlisted men by members of the community will also be a powerful help or hindrance in building up morale. The Sixth Division realizes the importance of this question and we have gone to some of the great public officials noted for their humanity, to request their advice and have secured active coöperation and many articles which serve as a guide in this work.

It would take too much space and the patience of the reader would be wearied if a description of all the remaining agencies for morale was herewith undertaken. We have only space to name them and to say that these agencies are being developed in the same manner as outlined above.

There is one great element which has been neglected in the service and this is the influence the man's family can have on him in getting him to discharge his duties with the utmost efficiency and with the best spirit. All too frequently a boy leaves home, finds himself in an entirely different atmosphere, abandons the teachings of his early life and thinks the only way in which to designate himself a man is to become "hard." The greatest antidote to toughness or hardness may be found in the man's

THREE OF A SERIES OF POSTCARDS ISSUED TO THE SERVICE BY THE SIXTH DIVISION



SCENES FROM NAVAL ATHLETIC CONTESTS UNDER THE AUSPICES OF THE SIXTH DIVISION

family. The family must be educated and will be educated to the part the boy is playing in the country's welfare. The family should be informed of what the boy is doing, how he is being treated, of his food, his discipline, his drills, his surroundings, the opportunities for his advancement, the consequence of serious infractions of discipline on his part, especially absence without leave. In short the family should be brought into as close touch with the navy as possible and made to feel a pride in their son who wears the uniform of his country. There is another side to this question and that is the worry of a man over family affairs which might be remedied if all the existing agencies were utilized to their fullest usefulness. The Home Service of the Red Cross should be used by the navy to relieve the minds of its officers and men as to the condition of their families. This is a special study of the Sixth Division and the whole question of Home Service and the binding of the home to the ship is in process of solution.

The utilization to their fullest capacity of the great welfare organizations is a very constant thought of the Sixth Division. The incalculable amount of good which has been done and can be done by these organizations is realized and every means taken to encourage and assist their functioning. The debt which the country owes to the American Red Cross, the Young Men's Christian Association, the Jewish Welfare Board, the National Catholic War Council and Knights of Columbus, the American Library Association, the Salvation Army, and the War Camp Community Service is heartily realized at this time. The Sixth Division speaks for the navy when it voices its appreciation of their efforts.

The mission of the Sixth Division may be stated as that of surrounding every man of the navy and marine corps with a circle where, in whatever direction he turns, there will be found a good influence made at least as attractive as an evil influence. The young American cannot be coerced into quitting evil and clinging to good. The right of free choice is his inalienable prerogative, but all too frequently evil has had full sway

with its false and glittering attractions, whereas the influences for good, powerful as they are, have been handicapped by lack of organization, of experienced workers, of adequate funds, and by offending the tender susceptibilities of those whom they seek to benefit.

The work of the Sixth Division is in the embryonic stage. Its personnel has just reported for duty and is, of necessity, inexperienced in handling many of the grave problems which will arise, but it was considered advisable to place in the hands of sea-going officers of the navy the means and therefore the responsibility, of maintaining the morale of the service. The service afloat and ashore has welcomed the establishment of this organization. There is a great field for its work and a great future if initial problems are handled carefully and intelligently. Its organization is fundamentally correct. The readers of this article should bear in mind that every good citizen is requested to aid, by his influence, in this work if it is considered worthy of his aid. The Division is always open for suggestions and advice from the members of the American Social Hygiene Association.

**THE RED CROSS CONFERENCE AT CANNES**  
**A FORWARD STEP IN INTERNATIONAL PROMOTION OF THE**  
**SOCIAL HYGIENE CAMPAIGN**

WILLIAM F. SNOW, M.D.  
*Executive Officer, American Social Hygiene Association*

The medical conference assembled at Cannes, France, April 4, 1919, on invitation of the Red Cross societies of Great Britain, France, Italy, Japan, and the United States, is destined to mark the beginning of one of the great constructive enterprises growing out of the world war. Many efforts have been made in past years to promote international uniformity and coöperation in combating communicable diseases, but probably there has never been held a more remarkable conference than this one, comprising the foremost medical and public health experts of the nations named. The following "minute" as adopted and signed by the five delegations indicates the scope of their deliberations.

**MINUTE ADOPTED BY THE MEDICAL CONFERENCE ASSEMBLED AT**  
**CANNES, FRANCE, APRIL 4, 1919, ON INVITATION OF THE RED CROSS**  
**SOCIETIES OF GREAT BRITAIN, FRANCE, ITALY, JAPAN AND THE**  
**UNITED STATES**

We are assembled at the invitation of the Committee of Red Cross Societies to assist in the task for which that Committee was constituted, namely: "To formulate and propose to the Red Cross societies of the world an extended program of Red Cross activities in the interest of humanity." In addressing ourselves to this task we desire to express our belief that while every measure should be taken to repair the ravages of war and to prevent all wars, it is no less important that the world should address itself to the prevention and amelioration of those ever-present tragedies of unnecessary sickness and death which occur in the homes of all peoples.

This world-wide prevalence of disease and suffering is in considerable measure due to causes which science has not yet disclosed, but a great part of it is due to widespread ignorance and lack of application of

well-established facts and methods capable either of largely restricting disease or of preventing it altogether.

It is clear that it is most important to the future progress and security of civilization that intelligent steps be taken to instruct the peoples of the world in the observance of those principles and practices which will contribute to their health and welfare.

In the accomplishment of these great aims it is of supreme consequence that the results of the studies and researches of science should be made available to the whole world; that high standards of practice and proficiency in the prevention of disease and preservation of health should be promoted and supported by an intelligent and educated public opinion; and that effective measures should be taken in every country to secure the utmost coöperation between the people at large and all well-directed agencies engaged in the promotion of health.

We have carefully considered the general purposé of the Committee of Red Cross Societies, whereby it is proposed to utilize a central organization which shall stimulate and coördinate the voluntary efforts of the peoples of the world through their respective Red Cross societies; which shall assist in promoting the development of sound measures for public health and sanitation, the welfare of children and mothers, the education and training of nurses, the control of tuberculosis, venereal diseases, malaria, and other infectious and preventable diseases; and which shall endeavor to spread the light of science and the warmth of human sympathy into every corner of the world and shall invoke in behalf of the broadest humanity not alone the results of science but the daily efforts of men and women of every country, every religion and every race.

We believe that the plans now being developed should at the earliest practicable moment be put into effect and placed at the disposal of the world. In no way can this be done so effectively as through the agency of the Red Cross, hitherto largely representing a movement for ameliorating the conditions of war but now surrounded by a new sentiment and the wide support and confidence of the peoples of the world equipping it to promote effective measures for human betterment under conditions of peace.

We are confident that this movement, assured as it is at the outset of the moral support of civilization, has in it great possibilities of adding immeasurably to the happiness and welfare of mankind.

The personnel of the delegations signatory to the above statement is given at the end of this article.

It is of especial significance to all interested in the social hygiene movement that the sections formed were as follows: venereal diseases, child welfare, tuberculosis, malaria, nursing, preventive medicine, thus recognizing at the beginning of the conference that venereal diseases constitute one of the great world-wide problems in health conservation. The Committee of Red Cross Societies, under the chairmanship of Mr. Henry P. Davison, of the American Red Cross, had made arrangements at the Hotel Carlton for the entertainment of the delegates brought together as representatives of the five nations concerned. At the initial meeting it was announced that the Committee proposed to have the delegates spend at least two weeks upon the formulation of statements and resolutions relative to the world-wide prevalence of disease and suffering which is due primarily to ignorance and the lack of application of well-established facts and methods of restricting disease, or preventing it altogether. It was arranged that aside from one general session each morning, the days of the first week should be devoted to the section meetings as indicated above, and that the second week should be devoted largely to general sessions for the consideration of the reports section by section and the adoption of resolutions pertaining to these reports. See p. 487

In spite of the cordial hospitality of the residents of Cannes, the program of entertainment arranged by the Red Cross Committee, and the natural beauty of that portion of southern France in which Cannes is located, there was probably never assembled a conference during which all the members worked so persistently, in session and out. Only on the second Sunday did the delegates as a whole give up talking "shop" and spend the day as the guests of Mr. and Mrs. Davison in an automobile scenic excursion.

There is perhaps no better way to describe for interested persons the results of this conference than to quote in full the report adopted and presented to the conference by the Section on Venereal Diseases and to give extracts from other sectional reports, and resolutions adopted by the general conference. This

plan will be followed in this article. Emphasis should be placed upon the significance to the social hygiene movement of securing the consensus of opinion on this subject of delegates from countries so widely differing in the attitude of their peoples as England, France, Italy, Japan, and the United States.

**RESOLUTIONS OF THE SECTION ON VENEREAL DISEASES ADOPTED BY THE SECTION AND PRESENTED TO THE CONFERENCE**

The scientific and social facts underlying the epidemiology of the venereal diseases—syphilis, gonococcus infections and chancroid particularly—are known. Although in many countries efforts have been made for the prevention and adequate treatment of venereal diseases, there is at the present time need for still greater action. It is because these diseases are so insidious in their attack, so indirect in their methods of maiming and killing their victims, so prevalent and so gradual or secret in their development of conditions which hopelessly impair the individual or make him a carrier of disease to others, that the public has only recently begun to realize that an organized defense against them is necessary and possible.

The importance of a comprehensive program against syphilis and gonococcus infections cannot be overemphasized, for it is known to-day that these diseases are the direct or indirect cause of many chronic, organic, as well as mental diseases, including general paresis. It is known to be the cause of many miscarriages and still-births.

In view of these facts, the following resolutions are recommended:—

I. *Resolved*:—That the full report of the Section on Venereal Diseases be accepted and placed on file for future reference and guidance.

II. *Resolved*:—That any comprehensive scheme for combating the venereal diseases must embody the following general principles:

1. Measures for the protection of individuals not yet infected.
2. Measures for the elimination of conditions of environment favoring dissemination of venereal diseases.
3. Measures for the discovery, treatment and control, where necessary, of individuals already infected.
4. Measures for accurate observation and recording of data relative to efforts to combat these diseases.
5. Measures for furthering research, and for the demonstration of new methods for reducing their prevalence.
6. Measures for education.

III. *Resolved*:—That as initial measures in the administrative control of venereal diseases, there should be instituted facilities for laboratory aid in

the diagnosis of syphilis and of gonococcus infections, adequate methods of medical treatment and of follow-up service for infected individuals, measures for reducing exposure to infection by every practicable means, and a program of education for all.

IV. *Resolved*.—That every nation should be urged through proper channels to promote general propaganda for the control of syphilis, gonorrhea, and chancroid, and that the Red Cross societies should be ready to participate in or aid the activities of existing agencies engaged in this field of work.

V. *Resolved*.—That as soon as possible the Central Bureau of Health of the associated Red Cross societies should establish a section to facilitate the rapid development of practical campaigns for combating venereal diseases, and collect and disseminate information upon such important matters as the notification of venereal diseases to health authorities, the repression of prostitution, the abolition of the white slave traffic, the isolation of infected individuals, the protection of marriage, the control of alcohol and habit-forming drugs, and upon other factors relating to the epidemiology of venereal diseases.

#### MEMBERS OF THE SECTION ON VENEREAL DISEASES

*Chairman: Dr. Augusto Ducrey.*

*Alternate: Lt. Col. W. F. Snow.*

*Great Britain: Col. L. W. Harrison, Dr. F. N. K. Menzies, Sir Arthur Newsholme.*

*France: Dr. Milian, Dr. Emile Roux.*

*Italy: Dr. Ducrey.*

*Japan: Dr. T. Kabeshima, Dr. K. Nawa.*

*United States: Col. F. F. Russell, Lt. Col. W. F. Snow.*

The above resolutions are of interest to the social hygiene reader as indicating the importance attached to the attack upon venereal diseases in all the principal countries of the world, but the practical details of the report thus accepted and placed on file by the Conference for future reference and guidance are of special interest, and are, therefore, given in full below.

#### REPORT ADOPTED AND PRESENTED TO THE CONFERENCE BY THE SECTION ON VENEREAL DISEASES

The report has been prepared under the following headings:—

Section 1. The general principles underlying a comprehensive campaign against venereal diseases.

Section II. The activities which may be undertaken by the proposed Central Bureau in promoting the application of these principles.



Section III. The initial work in the field of combating venereal diseases which may be undertaken by this Bureau.

Section IV. Recommendations as to the form of popular propaganda which may be undertaken at once by the Bureau.

Section V. Recommendations as to the best method of presenting the subject of venereal diseases before the International Red Cross Convention, at Geneva.

#### SECTION I.

In the opinion of the Section, any comprehensive scheme for the combating of venereal diseases must embody the following principles:—

1. Measures for the protection of individuals not yet infected.
2. Measures for the elimination of conditions of environment favoring dissemination of venereal diseases.
3. Measures for the discovery, treatment and control, where necessary, of individuals already infected.
4. Measures for accurate observation and recording of data relative to efforts to combat venereal diseases.
5. Measures for furthering research upon venereal disease infections, and for the demonstration of new methods.
6. Measures for education.

The complete application of the above principles will probably involve the following, which are not necessarily arranged in the order of their importance:—

##### I. Measures for the protection of individuals not yet infected.

###### (a) Education.

1. Education in moral principles.
2. Sex education of children.
3. Education of the general public in the principles underlying the combating of venereal diseases.

###### (b) Entertainment and recreation.

1. Individual, by appeal to private tastes in recreation.
2. Communal, by stimulating group activities, such as social and athletic clubs.

###### (c) Improving and safeguarding home influences by measures to increase home comforts.

###### (d) The encouragement of early marriage.

###### (e) Custodial care of the feeble-minded.

###### (f) Early preventive treatment. The Section is of the opinion that so far as army experience goes, early treatment properly applied after exposure is a successful preventive measure.

**II. Measures for the elimination of conditions of environment favoring the dissemination of venereal diseases.**

- (a) Repression of commercialized prostitution and promiscuous sexual intercourse.
  - 1. Abolishment of official recognition or toleration of prostitution.
  - 2. Repression of street soliciting.
  - 3. Control of restaurants, hotels, other places of public resort, and public utilities with reference to their use for the purposes of promoting prostitution.
- (b) Control of the use of alcohol.
  - 1. Education and influence of social customs.
  - 2. Legislation for limitation of the use of alcohol.
- (c) Supervision of dance halls and other public places.

**III. Measures for the discovery, treatment and control of individuals already infected.**

- (a) Discovery of infected individuals through information derived from the following sources:
  - 1. Free laboratory diagnosis.
  - 2. Advisory clinics, dispensaries and hospitals.
  - 3. Physicians and surgeons in private practice.
  - 4. Medical officers in public institutions, licensing boards, and industrial companies, as a result of physical examinations.
  - 5. Notification.

The Section is of the opinion that in the future it may become necessary, in order to secure complete and continued treatment of every infected person, to adopt compulsory notification of venereal diseases, though educational measures and public enlightenment may render this unnecessary.
- (b) Provision of treatment, free of cost to the patient, to include the following:
  - 1. Distribution of officially approved anti-syphilitic remedies to physicians under such regulations as may be designated.
  - 2. Dispensaries with equipment and personnel.
  - 3. Advice and treatment by private practitioners, acting as agents of the state.
  - 4. Legislation against treatment by unqualified persons under conditions specified by the state.
- (c) Control of infected individuals.
  - 1. Instruction to patients.
  - 2. Hospitalization in certain stages.
  - 3. Isolation, complete or partial, according to the special circumstances of each case.
  - 4. Requirements for discharge from supervision.
  - 5. Penalties for exposing others to infection.

IV. Measures for accurate observations and recording of data relative to efforts to combat venereal diseases on lines already established by the following:

- (a) Investigations by voluntary organizations such as:
  - 1. American Social Hygiene Association.
  - 2. National Council for Combating Venereal Diseases (in Great Britain).
  - 3. Association for the Abolition of the White Slave Traffic (in Great Britain).
- (b) Investigations and reports of official bodies and other organizations such as:
  - 1. Royal Commission on Venereal Diseases of Great Britain.
  - 2. Australian Commission.
  - 3. United States Interdepartmental Social Hygiene Board.
- (c) Inspections and data of administrative bureaus.
  - 1. Local government boards of Great Britain, the United States Public Health Service.
  - 2. State bureaus of venereal diseases.
- (d) Miscellaneous agencies.
  - 1. Armies and navies.
  - 2. Statistical bureaus.
  - 3. Hospitals and dispensaries.

V. Measures for furthering research upon venereal disease infections and the demonstration of new methods for combating venereal diseases, such as:

- (a) Research for better methods of diagnosis of syphilis and of gonococcus carriers among women.
- (b) Research for better or cheaper methods of treatment.
- (c) Research for more practical methods of determining a cure in syphilis or gonococcus infections, and additional information on which to base statements regarding future infectious stages.
- (d) Research regarding possibility of differentiating strains or types of *spirochaeta pallida*.
- (e) Research regarding possibilities of immunizing individuals against syphilis or gonorrhea.

VI. Measures for education.

- (a) Education of medical students, practitioners, nurses and attendants.
- (b) Social workers.
- (c) Moral and religious workers.
- (d) Legislative authorities.
- (e) The general public.

The details of such measures are so largely concerned with work which a Central Bureau could promote that the subject is given first consideration in Section II below.

## SECTION II.

The activities of the Central Bureau in connection with the above scheme should comprise the following:—A. Education, B. Research, C. Multiplication of centers of activity.

To consider these more in detail:

A. Education should provide for:

1. Students.
2. Doctors.
3. Nurses.
4. Social workers.
5. Moral and religious workers.
6. Legislative authorities.
7. General public.

Considered in detail as follows:—

1. Students. Impress on legislatures in all countries where such do not exist, the importance of making the study of venereal diseases compulsory in all medical curricula, and to impose a test of proficiency.
2. Doctors.
  - (a) Establish a system by which workers could study the methods of other clinics.
  - (b). Provide a system by which teachers may be exchanged between clinics.
  - (c) Form a central museum to include:
    1. Models of clinics.
    2. Apparatus, clinical and laboratory.
    3. Paintings and models illustrative of micro-organisms.
    4. Provision for the demonstration of technical methods such as laboratory technique.
  - (d) Form a central reference library.
  - (e) Circulate a bulletin and pamphlets on special subjects. These would be compiled centrally from contributions from correspondents in each country. Such publications might usefully contain a critical review on particular sections of the subject. Publications to be in French and in English.
  - (f) Provide postgraduate courses at Central Bureau, and facilities to doctors to attend by securing reduction of fares and tariffs in connection with such visits or by grants-in-aid.
3. Nurses.
  - (a) Include a nurses' section in central museum and library.
  - (b) Include venereal diseases in a nurses' bulletin which would also deal with child welfare, tuberculosis, etc., so far as they concern nurses.

- (c) Provide facilities for study or teaching in other centres.
- (d) Provide facilities to visit the central institution, as in the case of doctors.
- 4. Social Workers. The facilities provided for such workers should be similar in principle to those already outlined for nurses.
- 5. Moral and Religious Workers. Expound in communications to moral welfare agencies the fact that religious and ethical principles underlying social conduct are an important factor in the preservation of health and social welfare generally.
- 6. Legislative Authorities. Expound in communications to members of such assemblies the economic and social value of physical health to the nation.
- 7. General Public. This subject should properly be included in the section dealing with popular hygiene, not presented as a subject in a class by itself.
  - (a) Lectures. Assist local societies by provision of cinema films and slides. In countries where no organization for lectures exists, these could be provided by the Central Bureau.
  - (b) Posters. Provide posters illustrating in a popular form the salient facts of preventive medicine, including venereal diseases. These could be provided free or at cost to local authorities.
  - (c) Contributions to local museums. Make contributions to local museums on same lines as posters.
  - (d) Newspaper articles. Supply articles by the best available writers to the press for publication. These articles would comprise all subjects connected with preventive medicine besides venereal diseases. It is probable that, besides the large metropolitan weeklies, country newspapers would gladly accept such articles.
- B. Research.
  - Initiate research on new lines suggested by reports collected centrally.
- C. Stimulate the multiplication of centers of activity by:—
  - 1. Payment of selected lecturers where such are not provided by local or national societies.
  - 2. Payment for contributions to museum, central library and bulletin.
  - 3. Payment for posters.
  - 4. Providing for newspaper and magazine articles.
  - 5. Grants-in-aid of travel to the Central Bureau.

In application of any such comprehensive scheme, the state should be responsible for the measures enumerated in Section I under I (e), II, and III, and should encourage the measures suggested under Par. V.

### SECTION III

The initial work in the field of combating venereal diseases which

may be undertaken by the Central Bureau should comprise the following:—

1. The preparation for presentation to all national Red Cross societies of a digest of the laws and schemes for combating venereal diseases which are operative in the several countries.
2. The promotion of popular propaganda of the social hygiene campaign as set out in Section IV of this report.
3. The preparation of an appeal to be addressed to all legislative bodies asking them to require the inclusion in all medical school curricula of instruction relative to the treatment and control of venereal diseases.
4. Provision for carrying out the proposals under Section II A. 2 (a), (b), A. 3 (c), A. 4 in so far as it provides facilities for study or teaching in other centers, A. 5, A. 6.
5. Provision of aid as specified in Section II C. 1, 3, 4, 5.

#### SECTION IV

The following recommendations as to the form of popular propaganda which may be undertaken at once by the Central Bureau are intended to be suggestive merely of ways in which such a bureau could be of service to national Red Cross and other agencies combating venereal diseases, and could save much time and expense now required for the independent origin and development of propaganda methods and material in each country. The Bureau could do the following:—

1. Assemble, classify and present to the national Red Cross societies the approved propaganda literature from the several nations which are active in this field.
2. Prepare suitable cinema films and adapt them in details and language to the several countries.
3. Furnish the material for articles for newspapers, magazines, trade journals and other publications.
4. Provide posters illustrating in a popular way the salient facts relative to venereal diseases and the social hygiene movement.
5. Furnish satisfactory lecturers or experts who could attend important national conferences in countries where further progress requires the stimulation of such persons.

#### SECTION V

Recommendations as to the best method of presenting the subject of venereal diseases before the International Red Cross Convention at Geneva, are likewise submitted as illustrative rather than as a final opinion upon the most effective way to accomplish this.

1. It is believed that a statement should be prepared showing the evil effects of venereal diseases on the physical, moral and economic welfare of the world, and the general principles underlying a world-wide campaign. This statement should be supplemented by an outline of the respective parts to be taken in the campaign by the nation, state, community and the individual. Summaries of practical work already done and results achieved, as illustrated by exhibits, reports and propaganda literature, should accompany the statement.

2. The presentation of the statement should be followed by a proposal to establish a special section of the Central Bureau with adequate financial support and personnel to deal with the venereal disease problem.

3. In order to carry out these recommendations most effectively, it is suggested that an invitation be extended to one or more experts to attend the convention to present in person the program as herein set forth.

4. It is also suggested that one or more persons should be assigned immediately to the task of assembling materials and preparing the exhibits and the data upon which the statements described must be based.

The resolutions and programs for special sessions were supplemented by general resolutions preceded by an introductory statement. Inasmuch as all of the statements and resolutions adopted represent the opinion of the foremost scientific and medical men of the world interested in preventive medicine, they, like the section reports, will bear quotation in full.

#### RESOLUTIONS ADOPTED AT THE CONFERENCE

*Introductory Statement.* The magnitude of the relief work done during the war by the Red Cross and the personal participation in its activities by multitudes of people in many countries as well as the devotion to it and the appreciation of its usefulness by enormous numbers who have experienced its benefactions, have shown it to be an agency for good of unparalleled force and power.

The Conference, therefore, heartily approves of the purpose of the Committee of Red Cross Societies to extend greatly the activities of the Red Cross in time of peace, to the prevention of disease and the betterment of the health and general welfare of the people in all countries. The prosperity and happiness of all the nations of the world can be greatly furthered by the power of man to promote health and to prevent disease—a power which has been vastly increased in the last half century by scientific discoveries—so as to render this new field of activity of incalculable racial significance, both socially and economically.

The potential usefulness of the Red Cross in this field is unlimited, and the program proposed is really the logical development of its previous activities in the extension of temporary relief in times of war or disaster.

As a voluntary organization engaged in humanitarian work it can command, as experience during the war has shown, the services of the great leaders of the world in every line of activity. The necessity for expert guidance and advice has been recognized in the past and will be needed in the future and it is most important that the Red Cross should not only retain, but augment for its continued work, the great prestige and power which it has acquired with all masses, among all peoples, and in all nations.

In view of these considerations, it is our belief that no other organization is so well prepared to undertake these great responsibilities at the present time as the Red Cross, and no movement deserves more the hearty and enthusiastic support of all people than does this.

*Recommendations of the Conference.* The Conference, therefore, heartily recommends in furtherance of this purpose, the establishment of a Bureau of Health with a director and a staff and an advisory council, in connection with an association or League of National Red Cross Societies and that the memoranda and reports which have been submitted to the Conference on this subject serve as a preliminary basis for the proposed organization and its activities.

Other important fields of public health than those which have been presented and considered at the present Conference, e. g., mental hygiene, industrial hygiene, foods, nutrition, etc., are reserved for consideration when the Bureau of Health has been established.

It is understood that the central organization will operate mainly through national Red Cross societies, where these exist, and that itself a voluntary agency, it will not supplant but will endeavor to strengthen, aid and coöperate with other voluntary organizations and with national health and relief agencies.

An important immediate task will be to assist in the establishment of Red Cross societies in countries where none now exist, and to strengthen and unite for health work existing Red Cross societies.

Recognizing the prevention of disease and the protection of the health of the people as a primary responsibility and function of government, a non-political organization, such as that of the Red Cross, will be able by the education of the public and in many other ways, to stimulate, support and aid the government in its health work.



Although the Conference does not advise the Bureau of Health of the Red Cross to undertake at once all the activities considered, it submits the following resolutions and memoranda unanimously adopted by the Conference relating to the special subjects of preventive medicine, child welfare, tuberculosis, malaria, venereal diseases and nursing, as well as the report on publication, education and statistics, for the purpose of indicating in a general way some of the lines of activity which the new organization may wisely follow.

1. *Resolved*.—That in view of the wide prevalence of typhus fever and the extremely grave representations made to the Conference concerning it, the control of this disease be at once undertaken as an emergency relief measure.

2. *Resolved*.—That the promotion of a wide extension and development of child welfare work be selected as the first important constructive activity.

3. *Resolved*.—That wide public health legislation and efficient public health administration be encouraged everywhere and by all appropriate means, through national Red Cross societies, and particularly that the accurate and full registration of vital statistics be urged as forming the fundamental basis for definite and permanent improvement of health conditions.

4. *Resolved*.—That efforts be made to secure a standardization of the vital statistics of all those countries where adequate registration and notification are not in effect, so that comparable data on important subjects may be available, and that standard tables be prepared and submitted for modification and adoption by the authorities in such countries.

5. *Resolved*.—That the Bureau of Health encourage scientific investigation in hygiene and sanitary science, since progress in public health depends upon the advancement and the application of knowledge.

6. *Resolved*.—That the establishment of public health laboratories or the provision for laboratory service for every community is an extremely important means of promoting efficient public health administration.

7. *Resolved*.—That the extension of the employment of public health nurses or health visitors be furthered in every possible manner in all countries, and that standardized educational centers for training such nurses or visitors be developed.

8. *Resolved*.—That the program for the control of tuberculosis, malaria and the venereal diseases submitted by the Conference be urged for adoption in all countries.

9. *Resolved*.—That since educational propaganda has been shown to be the most efficient means for forwarding all forms of health activity, we especially urge the general adoption of scientific publicity methods.

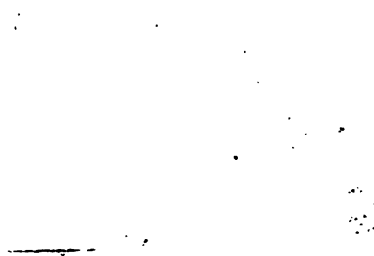
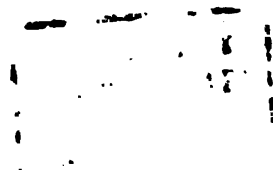
10. *Resolved*.—That the training by thoroughly qualified teachers of school children in all grades in the subjects of personal and general hygiene, and

DELEGATES TO THE MEDICAL CONFERENCE OF THE LEAGUE OF RED CROSS SOCIETIES, CANNES, FRANCE

*Left to right, back row:*—Maj. Garvin, Dr. Lucas, Col. Russell, Miss Gill, Miss Stimson, Miss Lloyd-Still, Dr. Hamill, Dr. Kabeshima, Dr. Talbot, Col. Cumming, Dr. Baldwin.

*Middle row:*—Col. Strong, Prof. Kenwood, Lt. Col. Snow, Sir John Lumsden, Prof. Gosio, Col. Harrison, Dr. Menzies, Dr. Rist, Dr. Rose, Prof. Baduel, Dr. Holt, Lt. Col. Hort, Prof. Bastianelli, Dr. King, Prof. Valagussa.

*Front row, seated:*—Prof. Golgi, Prof. Maragliano, Sir Robert Phillip, Dr. Marchisava, Dr. Roux (Chairman), Dr. Welch, Sir Arthur Newholme, Dr. Biggs, Prof. Castellani.



the inculcation of proper health habits during school life, are essential measures for permanently improving the health and contributing to the welfare of the people.

11. *Resolved*.—That special attention be directed everywhere to the importance of town and city planning and proper housing for working men; and that national Red Cross societies be advised to prepare plans and designs suitable for use in their respective countries, and proffer the assistance and the advice of experts where construction work is under consideration.

12. *Resolved*.—That national Red Cross societies and their chapters be urged to promote the erection of buildings to be used as health and community centers in their respective localities, as a most useful, appropriate, and permanent memorial for the soldiers who have lost their lives in the war. That model plans and designs for these be prepared and made available to the people of various communities.

13. *Resolved*.—That the general principles underlying successful work in new countries which are detailed in the report of child welfare be recommended for general guidance in all health work in such communities.

As an outgrowth of the conference the "League of Red Cross Societies" was organized in Paris on May 5, 1919, its purpose being to associate the Red Cross societies of the world in a systematic effort to anticipate, diminish, and relieve the misery produced by disease and calamity. The League has the support and endorsement of the governments of the five great powers, Great Britain, France, Italy, Japan, and the United States, and is authorized to propose to all the Red Cross societies of the world membership in the League and the promotion of a world-wide program. The statement by the chairman of the Board of Governors of the League, Mr. Henry P. Davison, follows:—

The Red Cross societies of the United States, Great Britain, France, Italy, and Japan have for several months worked incessantly through their representatives to devise an agency which could adequately cope with world problems of disease and disaster.

From the outset it was clear to us all that there was no institution in the world so well adapted to this task as the Red Cross, because of the peculiar hold which it has upon the hearts of all peoples, irrespective of differences of race and religion, because of its fifty years of honorable service in all quarters of the globe, because of the amazing development of its powers in the recent war, because of the anxiety of its membership not to lose the opportunity for service when war service was no

longer needed—because, in short, of the consensus of opinion, medical and lay, that the health problems of the world can never be solved by doctors alone, nor by governments alone, but must enlist the hearty volunteer coöperation of the peoples themselves: and no organization can mobilize the peoples of divergent views as can the Red Cross.

Recognizing this phenomenon, the five largest Red Cross societies have banded themselves together to bring about Red Cross coöperation everywhere.

For our practical starting-point we have the well-concerted recommendations of one of the most remarkable medical assemblies that ever applied itself to a set of practical problems.

The League which has been created will extend to Red Cross societies throughout the world, and we hope will in time be universal in membership.

The spirit of the founder members of the League, the practical form of organization determined upon, the close ties established between the League and the International Committee of the Red Cross at Geneva, each complementing the work of the other, the interest and active coöperation already evidenced by government heads everywhere, and so well expressed in the recent draft of the League of Nations Covenant, the love of all peoples for their Red Cross societies, and the compelling need throughout the world,—all combine to give assurance that this League of Red Cross Societies will quickly become that great agency for the peoples' welfare which its founders determined it should be.

While the relations of the League of Red Cross Societies with the League of Nations will be intimate, there will be no statutory connection, as the League of Red Cross Societies is a voluntary organization, non-political, non-governmental, and non-sectarian.

The movement to continue and enlarge Red Cross activities in time of peace comes at the psychological moment when the world is familiar with the work of relief performed by the Red Cross during the greatest war of history and when the suffering and distress following in the wake of that war are well-nigh universal. The need of that work was never greater and the forces to perform the service were never so well marshaled as at present because of the necessity due to the war.

Vast as is the scope of the program of the League of Red Cross Societies and although it is world-wide in its application, it is simple, practical and scientific. It received the unanimous indorsement of the medical experts who met at Cannes, France, in April. That conference which was presided over by Professor Roux, the successor of Pasteur,

and Dr. William H. Welch, of Johns Hopkins, is regarded as one of the most remarkable gatherings of health experts ever held, and included many of the foremost men of America, France, England, Italy, and Japan.

These experts adopted at the Conference a "minute" announcing that a great part of the world-wide prevalence of disease and suffering is "due to wide-spread ignorance and lack of application of well-established facts and methods capable either of largely restricting disease or preventing it altogether." The "minute" goes on to assert: "We have carefully considered the general purposes of the Committee of Red Cross Societies to spread the light of science and the warmth of human sympathy into every corner of the world and . . . we are confident that this movement, assured as it is at the outset of the moral support of civilization, has in it great possibilities of adding immeasurably to the happiness and welfare of mankind."

This statement represents the judgment of men who are qualified to speak with the highest authority on the great scourges of humanity such as tuberculosis, malaria, venereal diseases, and epidemics; men who are authorities on preventive medicine and who represent the knowledge of the world in the great field of child welfare. It is their belief based upon certain scientific knowledge acquired by practical experience, that a number of these great scourges can be controlled or even eliminated by organized, coördinated effort and coöperation; and they say, regarding the plans, that they "should at the earliest possible moment be put into effect and placed at the disposal of the world and in no way can this be done so effectively as through the agency of the Red Cross."

The League of Red Cross Societies plans through its headquarters at Geneva to stimulate the peace-time activities of all national Red Cross societies, to help them to grow and to help them to carry out the program made at the Cannes Conference in a world-wide public health campaign. It is to be understood that it is not the thought that the national Red Cross societies themselves should have the responsibility of the actual work of safeguarding and improving the public health, but that they should stimulate and encourage the natural agencies for such work within their respective countries, including the departments of health of the governments, or, in cases where such departments do not exist, endeavor to create a public sentiment for the establishment of such departments.

The League in no way supersedes or absorbs or conflicts with the ac-

tivities of national societies, but on the contrary, puts at their disposal the latest knowledge and approved practices of the experts in public health and preventive medicine throughout the world. One of the important and probably immediate functions will be to coördinate relief work in combating pestilence, such as typhus, which is now raging in central Europe.

Actual experience has demonstrated how quick and eager are the peoples of all nations to seize and act upon the knowledge which means for them increased happiness. The far-reaching effects of the program of the League of Red Cross Societies can be measured only by the suffering existing today which it purposes to relieve. Hand in hand with a world-wide campaign for the improvement of public health goes improvement in the living conditions, in the social and economic conditions of humanity, and a union of peoples of the world working together in a spirit of coöperation for the common protection and common betterment of all. Upon this spirit of the Red Cross League, a spirit of service in the common interest of all peoples, carried out with kindly consideration and honorable obligation, must rest the permanent peace of the world.

The first officers of the League of Red Cross Societies are as follows:—

BOARD OF GOVERNORS:

Henry P. Davison, Chairman, American Red Cross;  
Sir Arthur Stanley, British Red Cross;  
Comte Jean de Kergorlay, French Red Cross;  
Conte Giuseppe Frascara, Italian Red Cross;  
Prof. Dr. Arata Ninagawa, Japanese Red Cross;  
Director General, Sir David Henderson;  
Acting Secretary General, Dr. Stockton Axson.

Colonel Richard P. Strong, who has been during the war on leave of absence from the professorship of tropical medicine at Harvard University, serving as a colonel of the Medical Corps in the United States Army, has been appointed director of the Bureau of Hygiene and Public Health, and in this capacity is directing the initial steps of the League in its organization of plans for combating venereal disease.

Those who were present at this conference have great confidence in the possibilities of this League for steadying and making permanent progress against the venereal diseases along the broad lines of social hygiene which are proving effective, particularly in America and the British Empire. The American Social Hygiene Association may well take pride in having been instrumental in much of the pioneer work which has preceded the placing of venereal diseases in the forefront of the plans of the new League of Red Cross Societies, and should be stimulated by this evidence of past success to coöperate to the fullest extent, not only with the American Red Cross, but with the League, in the matter of extending the social hygiene campaign to other countries.

### DELEGATES ATTENDING THE CONFERENCE

#### GREAT BRITAIN

- S. Lyle Cummins, Colonel, C. M. G., A. M. S.,  
Adviser in Pathology, British Armies in France; Professor of Pathology, R.A.M.P. College, London.
- L. W. Harrison, Brevet Colonel, R. A. M. C., D. S. O., K. H. P.,  
Lecturer in Venereal Diseases, Military Hospital, Rochester Row;  
Adviser in Venereal Diseases, Army Medical Department, London, S. W.
- Edward C. Hort, F. R. C. P., Edinburgh, Hon. Lt. Colonel, R. A. M. C.,  
Late Director of Bacteriological Laboratory, Addington Park Enteric Hospital.
- Dr. Henry Kenwood, C. M. G., D. P. H., F. R. S. E.,  
Professor of Hygiene and Public Health with University of London;  
President of Soc. of Med. Officers of Health of Great Britain; Medical Officer of Health for County of Bedfordshire, England.
- F. Truby King, C. M. G., M. B., B. Sc. (Public Health),  
Lecturer on Mental Diseases at University of Otago, N. Z.; General President, Royal New Zealand Society for the Health of Women and Children.
- Sir John Lumsden, K. B. E., M. D.,  
Vice Chairman and Director-in-Chief, Joint War Committee of B.R.C.S. and Order of St. John in Ireland; Senior Physician, Mercer's Hospital, Dublin.
- F. N. Kay Menzies, M. D., F. R. C. P. E., D. P. H., etc.,  
Principal Assistant Medical Officer, Public Health Department, London County Council.



- Sir Arthur Newsholme, K. C. B., M. D.,  
Fellow and Milroy Lecturer of the Royal College of Physicians, London;  
Late Principal Medical Officer of the Local Government Board; Member  
of Council of the Imperial Cancer Research Fund, etc.
- Sir Robert W. Philip, Hon. Lt. Colonel, R. A. M. C.,  
President of the Royal College of Physicians of Edinburgh; Professor  
of Tuberculosis and Clinical Medicine, University of Edinburgh.
- Sir Ronald Ross, K. C. B., K. C. M. G., F. R. S., Nobel Laureate,  
Colonel, Army Medical Service; Consultant in Malaria, War Office,  
London.

## FRANCE

- Dr. P. Armand-Delille,  
Physician to the Paris Hospitals; General Secretary of the "Œuvre  
Grancher."
- Dr. Léon Bernard,  
Professor in the Faculty of Medicine, Paris; Physician to the Laënnec  
Hospital, Paris.
- Prof. Albert Calmette,  
Assistant Director of the Pasteur Institute, Paris; Member of the  
Academy of Medicine; Correspondent of the Academy of Sciences;  
Director of the Pasteur Institute, Lille.
- Prof. Paul Courmont,  
Professor of Hygiene in the Faculty of Medicine; Director of the  
Bacteriological Institute of Lyons.
- Dr. A. Laveran,  
Member of the Academy of Sciences.
- Dr. Milian,  
Physician to the Hospital St. Louis, Paris.
- Dr. Maurice Péhu,  
Physician to the "Hôpital de la Charité," Lyons.
- Prof. Adolphe Pinard,  
Honorary Professor in the Faculty of Medicine, Paris; Member of the  
Academy of Medicine.
- Dr. Edouard Rist,  
Physician to the Laënnec Hospital, Paris.
- Dr. Emile Roux (Chairman of the Medical Conference),  
Director of the Pasteur Institute, Paris; Member of the Institute of  
France and of the Academy of Medicine.
- Prof. Fernand Widal,  
Professor in the Faculty of Medicine, Paris; Member of the Academy  
of Medicine.

## ITALY

- Dr. Prof. Cesare Baduel,  
Professor of Pathology and Clinical Medicine in the Faculty of Medicine of the Superior Institute, Florence; Physician to the Hospital Santa Maria Novella, Florence; Chief Medical Inspector and Chief of the Bureau of Sanitary and Social Welfare of the Italian Red Cross, Rome.
- Prof. Dr. Guiseppe Bastianelli, Lt. Colonel, Italian Army M. C.,  
Physician and Pathologist, Polyclinic Hospital, Rome.
- Prof. Aldo Castellani, Lt. Colonel, Royal Italian Medical Service (Naval Branch),  
Emeritus Professor of Tropical Medicine, Colombo Medical School.
- Prof. Augusto Ducrey,  
Director of the "Clinica Dermosifilopatica" at the University of Genoa.
- Prof. Dr. Camillo Golgi, Senator,  
Professor of Pathology at the University of Pavia; President of the Superior Council of Public Health.
- Prof. Dr. B. Gosio,  
Professor of Bacteriology, University of Rome; Chief of the Bacteriological Laboratory of the Italian Board of Health.
- Prof. Edoardo Maragliano, Senator,  
Director of the Medical Clinic at the University of Genoa; War Department Inspector for the Prevention of Tuberculosis in the Italian Army.
- Dr. Ettore Marchiafava, Senator,  
Professor at the University of Rome; Vice-President of the Italian Red Cross.
- Dr. Prof. Camillo Poli,  
Professor at the University of Genoa; President of the Society for the Prevention of Tuberculosis, Genoa; Delegate of the Italian Red Cross for Sanitary and Social Welfare in the Province of Genoa.
- Dr. Prof. Francesco Valagussa,  
Professor of Pediatrics at the University of Rome; Chief Physician to the Hospital Bambino Gesù; Delegate of the Italian Pediatric Society to the Italian Red Cross; Lt. Colonel, Medical Department, Italian Red Cross, Rome.

## JAPAN

- Dr. T. Kabeshima,  
Principal Physician to the Japanese Navy.

Dr. K. Nawa,  
Japanese Army Medical Service.

## UNITED STATES

Chandler P. Anderson,  
Counsellor of the Committee of Red Cross Societies.

Edward R. Baldwin, M. D., (Hon.) M. A.,  
Director of the Edward L. Trudeau Foundation and Trudeau School of  
Tuberculosis; Editor-in-Chief of *American Review of Tuberculosis*,  
Saranac Lake, N. Y.

Hermann M. Biggs, A. B., M. D., LL. D.,  
Commissioner of Health, New York State; Professor of Medicine, New  
York University; Member, Board of Scientific Directors, Rockefeller  
Institute for Medical Research; Member, International Health Board,  
Rockefeller Foundation.

Hugh S. Cumming, M. D.,  
Assistant Surgeon General, U. S. Public Health Service; Sanitary  
Supervisor of Service Activities in Europe.

Livingston Farrand, A. B., M. D., LL. D.,  
Chairman, Central Committee, American Red Cross, Washington, D. C.

Albert H. Garvin, M. D.,  
Chief, Bureau Tuberculosis, A.R.C. Commission to France; Supt., New  
York Sanatorium for Tuberculosis, Ray Brook, N. Y.

Dr. Samuel McClintock Hamill, M. D.,  
Professor, Diseases of Children, Post Graduate Department, University  
of Pennsylvania; Director of Child Welfare for the State of Penn-  
sylvania, Philadelphia, Pa.

L. Emmett Holt, A. B., M. D., LL. D.,  
Professor, Diseases of Children, Columbia University, New York;  
Member of the Board of Scientific Directors of the Rockefeller Insti-  
tute for Medical Research; Physician-in-Chief to the Babies' Hospital,  
New York.

William Palmer Lucas, A. B., M. D.,  
Professor of Pediatrics, University of California Medical School; Phy-  
sician in Charge of Children's Service, University Hospital, San  
Francisco, California; Chief of the Children's Bureau, American  
Red Cross in France.

Henry Morgenthau,  
Former United States Ambassador to Turkey.

- Wickliffe Rose, A. B., M. A., LL. D.,**  
General Director of the International Health Board of the Rockefeller Foundation.
- Frederick F. Russell, M. D., Sc. D., Colonel, M. C., U. S. A.,**  
Professor of Pathology and Tropical Medicine, Army Medical College, Washington, D. C.; Chief of the Division of Infectious Diseases and Laboratories, Surgeon General's Office, War Department, Washington, D. C.
- William F. Snow, A. B., M. A., M. D., Lt. Colonel, M. C., U. S. A.,**  
Professor, Hygiene and Public Health, Leland Stanford Jr. University; Executive Officer, American Social Hygiene Association; Chairman, Executive Committee, United States Interdepartmental Social Hygiene Board.
- Richard P. Strong, Ph. B., M. D., Sc. D., Colonel, M. C., U. S. A.,**  
Professor, Tropical Medicine, Harvard University Medical School; Director, Medical Research Department, A.R.C.; Representative from the United States to the Interallied Sanitary Commission, Paris.
- Fritz B. Talbot, A. B., M. D.,**  
Instructor in Pediatrics, Harvard Medical School; Chief, Children's Medical Department, Massachusetts General Hospital; Member of Committee for Conservation of Child Life to Massachusetts State Board of Health.
- Lillian D. Wald,**  
Founder and Head Resident, Henry Street Settlement, New York; Representative of Federal Children's Bureau of Department of Labor, U. S. A.
- William H. Welch, A. B., M. D., LL. D.,**  
Director of the School of Hygiene and Public Health, Johns Hopkins University, Baltimore, Md.; President of the Board of Scientific Directors of the Rockefeller Institute for Medical Research.
- William Charles White, M. D.,**  
Medical Director, Tuberculosis League, Pittsburgh, Pa.; Director, Tuberculosis Unit to Italy, American Red Cross; Former Chief of Bureau of Tuberculosis, American Red Cross, France; Member, Executive Committee, American National Tuberculosis Association.
- Linsly R. Williams, A. M., M. D., Lt. Col., M. C., U. S. A.**  
Director, Commission for the Prevention of Tuberculosis in France, International Health Board.

## DELEGATES TO THE NURSING SECTION

## GREAT BRITAIN

- Miss A. W. Gill, R. R. C.,**  
Superintendent, Nurses' Royal Infirmary, Edinburgh; Principal Matron, T.F.N.S.; President, Scottish Matrons' Association.

Miss Alicia Lloyd-Still, C. B. E., R. R. C.,  
Head Matron, St. Thomas' Hospital and Superintendent, Florence  
Nightingale Nurses' Training School, London; Principal Matron,  
T.F.L.S., Fifth City of London General Hospital.

## FRANCE

Countess de Roussy de Sales,  
Head Nurse of the Society "Secours aux Blessés Militaires," attached  
to the Field Service during the war.

## ITALY

Professor Lt. Col. Emilia Malatesta Anselmi,  
Volunteer Nurse of "Grado Superiore" of Italian Red Cross; Appointed  
Inspector of Voluntary Nurses of Rome in 1911; General Assistant  
to H. R. H. the Duchess of Aosta, General Inspector of the Italian  
Red Cross nurses.

Countess Nerina Gigliucci,  
Volunteer Nurse belonging to "Grado Superiore" of Italian Red Cross;  
Chief of Nurses' Detachment to Ambulance 916, French Expeditionary  
Forces in Italy.

## UNITED STATES

Miss Carrie M. Hall,  
Superintendent of Nurses and Principal of School of Nurses of Peter  
Bent Brigham Hospital, Boston; Member of the National Committee,  
American Red Cross Nursing Service; Chief Nurse, American  
Red Cross in France.

Miss Julia Stimson,  
Chairman of Section on Nursing; Director, Army Nurse Corps, A.E.F.,  
France.

Miss Lillian D. Wald,  
Founder and Head Resident, Henry Street Settlement, New York;  
Representative of Federal Children's Bureau of Department of Labor,  
U. S. A.

## SUGGESTIONS FOR COMMUNITY ACTION AGAINST VENEREAL DISEASE

DANA L. JEWELL

As a result of the campaign of the Federal Government against venereal disease during the war, numerous community committees, under various names, have been organized in the hope of perpetuating the effort and making the good results permanent. How is such a committee to accomplish its purpose? What is the way to go about it?

These questions are bothering many such organizations composed largely of persons who have little knowledge of the facts involved and, usually, little experience with public affairs. Experienced executive officers cannot always be secured. They are at a loss how to attack a question so intimately associated with prostitution, a problem which has vexed mankind for centuries.

The questions involve the application of certain fundamental ideas or principles to a great variety of conditions and it is not possible to lay out a definite line of procedure applicable to every case. Each locality will present its own peculiar problem caused by some local condition or combination of conditions entirely different from another. Local public sentiment, the composition of the committee itself, the attitude of various public officials, local politics, the condition of the state laws and local ordinances and local public finances are instances of elements entering into the problem.

The most important factor involved in the problem is public sentiment. There is no subject upon which there are more different shades of opinion than upon that of immorality and prostitution. There are a few persons who do not favor the prevention or cure of venereal disease because they believe the wages of sin are death and that the wages should be promptly and fully paid. There are also some who think that every man is exposed at some time, that the suppression of prostitution is

hopeless, and that the only practical way to protect men and their families is by medical prophylaxis. Others are strongly opposed to prophylaxis because they think it will encourage prostitution by making it safe. There is a large proportion of the people who believe, honestly, that prostitution is a necessary evil and cannot be eradicated. They have some basis in history for their belief. The attitude toward the prostitute must be considered. Some are impressed by sympathy for her because of all the circumstances which conspire to make temptation strong: low wages, factory conditions, hall bed-rooms, poor food and loneliness on the one hand; and easy money, good clothes, excitement and good living on the other. Others believe a woman is born good or bad, just as she is born white or colored, tall or short. Some sympathize with her, because once down all good women unite to keep her there. Others think that the fear of the scarlet letter is the only thing that keeps most girls virtuous: they feel that any charity or forgiveness extended to prostitutes will encourage prostitution, just as the others, before-mentioned, feel that medical prophylaxis encourages immorality. Then there are the people who can only see the moral side of the matter. They are impressed mostly by their horror of prostitution and overlook entirely the innocent wives and children who suffer the consequences of the husband's and father's youthful folly. There are those who take the opposite view of the moral phase: they feel that the prostitute is no worse than the woman who marries a man solely for his money; that, morally, the man who hides behind a pretense of piety to debauch innocent girls is more culpable than a man who openly and frankly associates with prostitutes; that respectability consists, not in what one does, but in avoiding detection; and they have no sympathy with the idea of persecuting one class and letting the other go.

With all these shades of opinion a committee has to deal. It finds divergent views among its own members. It is because of these differences of opinion, together with the secrecy which has always been thrown about the subject, that no better results have been obtained in the past, and unless some ground can be

found upon which all but the most extreme can unite there is not much reason for faith in any greater success in future.

The success of the government in dealing during the war with social hygiene problems must be attributed to two things: the spirit of patriotism which led the people to coöperate in anything the government asked as a war measure; and, no less important, the fact that the whole problem was treated strictly as a matter of health. The purpose was to keep the boys clean; not alone so they could fight but also because fathers, mothers, sisters and wives wanted them clean for their own good. While the war is over and this particular element of patriotism is gone, the interest in keeping those same boys clean, along with millions of other men and boys who were not in the army, is just as great.

There is no one, not even the prostitutes themselves, who can be in favor of more venereal disease. All shades of opinion can unite on that. The only differences that can arise refer to the methods by which those diseases are to be controlled, and it is only the extremists who cannot unite on the most important of these. Those whose dream it is to see all vice and immorality done away with as sinful and wicked, as well as those who think that human nature has not changed since history began and that sexual immorality will never be entirely eradicated, can both agree to work to get rid of venereal disease and commercial prostitution as far as possible. The one cannot complain because moral conditions are improved by a health measure, and because the other doubts complete success is no reason for not trying to reduce the evil to a minimum.

Every person who has children or is interested in children (and there are but few who are not in one way or another) is vitally interested in venereal disease. Those who look upon prostitution as a necessary evil do so largely because vice as vice has always been the subject of attack, and venereal disease, if considered at all, has been merely looked upon as an incident. The attack on vice has promoted and intensified the divergent views which exist, while an attack on venereal disease as a purely health measure takes the ground from beneath controversy.



This difference is all-important. Many a battle has been lost because it was fought on the wrong ground. These differences of opinion manifest themselves and have to be dealt with in every part of a committee's work. They are responsible for the attitude of judges, police departments and legislatures and it is by recognition of these differences alone that any sort of united public opinion can be developed in a community. Without public sentiment behind it, a committee cannot hope to succeed.

If a committee is to unite the various shades of opinion in an attack on disease it must be very careful to confine itself to that alone. It must not confuse the moral with the health phase. It must acquire an attitude of tolerance toward all points of view and remember that immorality is very widespread and of all degrees, and exists in all classes of society. It must be prepared to make use of every instrumentality available. If a given man is a notorious crook he may still appreciate the consequences of syphilis and be enthusiastically willing to help do away with it. He may be living with a woman other than his wife and still be possessed with a horror of girls becoming prostitutes. Most prostitutes would do anything to keep their sisters out of such a life. No man, however immoral, wants his son to have a venereal disease or his daughter to go wrong. A committee should, therefore, be prepared to coöperate with any one, no matter what his or her private life and character, on the sole condition that such person is willing to help fight these diseases. By maintaining this attitude it disarms opposition. The only real opposition will come from persons who directly or indirectly profit by prostitution and even they will not admit it; they will attempt to find some pretext for their position. If the issue is kept strictly on a health basis pretexts are hard to find. It is not meant to imply that individuals whose character is such as to create doubt as to their sincerity are to be taken into the full confidence of the committee with reference to details in carrying on its work, but only that if such a person expresses a willingness to help, he should be made to feel that his help is welcome. Otherwise, he is given a pretext for opposition.

It is very easy for a committee to assume that certain individuals who do not immediately agree with it, must be corrupt. This is especially true when the private life of such a person is not entirely above suspicion. It is easy to attack such a person and personal relations then become the issue rather than venereal disease. A few such controversies, particularly when public officials are involved, will easily obscure the real work of the committee and place it in a false light. On the other hand, if the person is assumed to be in good faith and the proposition is repeatedly presented that the committee is combating disease and nothing else, few officials will have the audacity to persist in opposition. This particular proposition will be treated later on in detail, but it is very important that a committee should start out with a tolerant mind toward all kinds of people and all shades of opinion; it must assume that differences of opinion, no matter how extreme, are honest until, by actual tests, it is forced to conclude otherwise.

While venereal diseases are like all communicable diseases in that their control implies only the examination of suspects and the treatment and quarantine of the diseased, their intimate connection with morals and prostitution renders the ordinary methods entirely inadequate and impracticable. It is no crime to have measles; but venereal disease at once suggests prostitution and adultery and, strange to say, the average mind immediately seizes upon the crime as the more important fact. This leads to secrecy and concealment by all concerned.

Because these diseases are spread mostly by prostitutes, their control is largely a question of controlling prostitution. The problem of prostitution has generally been treated as a moral question. Its treatment from a moral standpoint has usually taken the form of branding the woman with the scarlet letter, taking away (in the form of fines) the money for which she has sold her soul, or putting her in jail for a time and then turning her loose with no chance to be anything but a prostitute. Old-fashioned vice crusades have never accomplished permanent results. They have served principally to prevent vice from becoming too flagrant. They have more often been made to vindic-

cate the sense of propriety of the community than really to do away with prostitution. They have often been actuated by ulterior motives. It is because of this that so many people have come to regard prostitution as a necessary evil. This method of treating the question and this attitude have led to the diverse views referred to before.

Every crime demands a culprit and punishment. But there it ends; human justice has been vindicated; it is all there is to be done. Very few women convicted and punished as prostitutes or as keepers of houses of prostitution are followed up after the fine is paid or the sentence served. Is it at all strange that such methods have failed of lasting results? How then is venereal disease to be done away with if it depends on the control of prostitution? How is prostitution to be controlled except by criminal prosecution and punishment? Are we not traveling in a circle?

The answer is the same as to the question of how to unite public sentiment. It is the ground upon which the attack is made that is important. The idea of finding a culprit and sacrificing him to the god of justice must be subordinated to that of preventing disease. The prosecution and punishment must not be the end and aim, but only a means to an end.

There will be many cases where criminal punishment will be absolutely necessary, particularly of procurers and other parasites on prostitution. But the more the criminal law can be used to prevent prostitution as a health measure rather than to punish it as a crime, the more the old antagonisms will be avoided, and the greater the prospect of success. What is the purpose of criminal punishment after all? Is it pure vindictiveness—the spirit of an eye for an eye and a tooth for a tooth? Or is it rather to prevent crime by making an example for the benefit of others? Clearly the latter.

It is much more effective to have a prostitute under suspended sentence and subject to the supervision of the police and a woman probation officer, than to have her fined or put in jail for a short time and then turned loose with no restraints on her. If it is possible to get evidence enough against her so that she knows she

can be prosecuted at any time, the same effect is obtained. If she is prosecuted and knows that if convicted she will go to jail, she will employ a lawyer and fight. If she knows that on quitting her form of life she will be helped and encouraged instead of being exposed and imprisoned, she will not resist.

The idea of prevention should not be confined to the practice of prostitution by those already engaged in it but should be extended to the causes of prostitution itself. There are a large number of prostitutes. They do not ordinarily follow the life for many years; the large majority are young. There is therefore an annual crop of recruits. There are various reasons assigned for girls becoming prostitutes and much difference of opinion on the subject exists. Heretofore the principal reliance for prevention has been placed upon the disgrace and ostracism following exposure and upon certain conventionalities and proprieties. They have not been entirely effective. Under present-day conditions it is not difficult for a girl to escape exposure and comply with the proprieties, and still practice prostitution to a limited extent. There are many conditions that at least contribute to making prostitutes—matters of education and environment. Here again the variations in point of view come in. Parents must be taught how to educate their children. The places where girls start on the road to prostitution must be watched, streets, amusement places, dance halls, parks and automobiles. Those who show indications of leaning toward prostitution must be investigated as to their home life, their work, their living conditions and diversions, and an effort made to remove the influences which tend to draw them into prostitution.

Most women who have followed a life of prostitution for some time want to get out of it. Some practical way for giving a chance to women who really want to go right must be devised. Here again enter the divergent views. A middle course must be steered between maudlin sentimentality and hard-heartedness. Every tale that a prostitute tells cannot be taken at its face value nor must all be regarded as hopeless because some lie. Those that do want to reform must be given a chance to keep what self-respect

they have left. Most of them cling to some standard of conduct, and have some good qualities, which many people who call themselves better, lack. They cannot be expected to reform as long as they are treated as outcasts. There are ways by which their good faith can be tested. If they persist in prostitution after having had a chance the only thing left is punishment.

It is therefore by the simple application of common sense and humanity that the problem is to be solved, by making the attack solely on the health basis and keeping all moral and criminal aspects subordinate. In making the application the fundamentals of psychology must be kept in view; the fact that all human beings are, mentally, complex composites of a variety of experiences and observations resulting in a great diversity of points of view; that we are all slow to absorb new impressions which demand a readjustment of previous convictions and we resist having them forced upon us; and that we are all inclined to suspect the motives and character of those who disagree with us. All of these principles apply with more than ordinary force to all matters involving sexual relations because of the secrecy and prudery with which those relations have always been surrounded. Charity is needed not only for the prostitutes but for the opinions of all kinds of people.

The first thing that a committee will have to do upon organizing will be to select a name. Committees were formed during the war to assist the Government in various ways: many to provide proper amusement for soldiers; some to secure legislation; others to assist in creating public sentiment for the suppression of segregated districts and more rigid enforcement of the existing laws against prostitution. They bore a variety of names suggested by circumstances. The work of the Commissions on Training Camp Activities was organized on a departmental plan, each department having a head in Washington. One division was Law Enforcement. There were in this division sections on vice and liquor control, protective work for girls, and legislation. There were several other closely related sections in other divisions. Many times the local committee was organized to assist only one section. It was

difficult to focus the various sections on one place; to have them all work together. Yet it is plain that it is essential, especially in peace times, that all these activities be coördinated if the best results are to be obtained. All are parts of venereal disease control and each branch can help or harm the others, according to the way they work together. To be successful, a committee must unite and coördinate all the means of education, prevention, examination, treatment and quarantine. Education affects law enforcement, as does publicity, and it is the defects in law that require legislation. The medical and constructive features are also linked up with law enforcement. Commitment by the courts is the principal means of getting prostitutes examined at a clinic. The disposition of cases in court is intimately connected with protective work for girls and with the reform of prostitutes. Quarantine of prostitutes by fear of prosecution or suspended sentence, is about the only way to insure treatment without putting them in jail or houses of detention. These things must be done by the courts. The women are brought into court by the police upon evidence obtained by some one.

It will be best, therefore, for a committee to select a name which suggests its purpose, such as "Social Hygiene Committee" or "Venereal Disease Committee." In New York the organization is called "Committee of Fourteen," but such a name suggests nothing and while it may be valuable in exciting curiosity, it is a name easily associated with any branch of public work. Sometimes they are called "Law Enforcement Committees" but this name as well as "Anti-Vice" or "Public Morals," suggests the purely criminal aspect and tends to promote rather than to heal all the antagonisms resulting from the divergent views on the subject. If the health basis is the true one upon which all classes of people can unite, why not give the organization a name which will make that idea prominent and create a favorable first impression?

When first organized, the selection of the members of a committee will probably have been more or less haphazard. A committee may grow out of some previous organization or be

the result of spontaneous action by a few interested persons. The selection of a name was therefore put first, but the next step will be to determine whether the personnel is what it should be; whether all the necessary elements are represented.

The necessity for any committee at all is due to the fact that there is in the community no one governmental agency capable of dealing comprehensively with the problem. The health department, police, judiciary, and governing body are all necessary. It is necessary not only to combine and coördinate the activities of these various agencies but to back them up with public sentiment in carrying on their work, with assistance in procuring necessary funds and ordinances, and to make their work permanent by providing practical reform measures designed to remove the causes of prostitution. The function of the committee is to study conditions, determine what action is needed, to assist, encourage, support, stimulate, and, if necessary, coerce these agencies to coöperate in the prevention and treatment of disease, and to supply the constructive measures.

The only way to compel hostile or apathetic officials to act is through the pressure of public sentiment and it is by the judicious application of that force that the committee best serves its purpose. The committee, therefore, should be so constituted as to typify the various elements which go to form the public sentiment of the community on any subject, for it will have to create such sentiment for the control of venereal disease as a health measure and unite the various shades of opinion on that basis. The composition of the committee will also affect its work in securing information and correcting conditions, as there are certain lines of business which come directly in contact with prostitution.

The committee will have to work through the local government. It cannot hope to set up independently a complete system to cope with venereal disease and prostitution. In dealing with public officials politics are at once encountered. The temptation to make use of the committee's work, by the party in power to strengthen itself, and by the party out of power to injure its

opponent, must be considered. If any department is hostile or apathetic, it will, if given the slightest pretext, claim that the committee is organized for political purposes. Because so many vice crusades have been made with political motives this claim often finds ready acceptance. Both political parties should therefore be represented on the committee, not simply by men who vote the party ticket but by men who have some weight in party councils, men whose influence is respected by party leaders. The same principle applies to factions within the parties. It must be remembered that the political parties are the means through which public sentiment crystallizes. If the men of influence in both parties agree on any proposition relating to local affairs few officials will dare to oppose it.

The elements of the population through which public sentiment is formed are very complex, but for the purposes of the committee may be classified generally as employers, employees, professional men and women, native-born citizens and persons of foreign origin. The committee will want the coöperation and good will of all classes for its effect on public sentiment. The employed should be represented as well as the employer; those of foreign extraction as well as natives. Every hint of a patronizing attitude can thus be avoided. All classes should be made to feel that it is a matter of mutual effort; that all are equally interested and equally in need of improved conditions. The avenue should avoid all appearance of reforming the alley on the assumption that all the vice and venereal disease are centered there. Many thoughtful people high in industrial circles have reached the conclusion that labor troubles are caused as much by a desire on the part of the workmen to feel that they have some voice in the business as by a desire for shorter hours and more pay. The same idea has been adopted by many chambers of commerce. A committee should be a community affair and should truly represent the entire community.

When the channels by which the public is to be reached are considered, there are a variety of things to be taken into account. It must not be forgotten that men form their opinions both from



information and from the attitude of others. They can be given the necessary information through newspapers, literature, moving pictures, lectures. Aside from the newspapers, these avenues reach, at any given time, a comparatively small part of the community and lack the element of personal influence.

The employed can be reached to a limited extent through the employer. Therefore, the employer class should be represented by the lines of business having the largest number of employees,—manufacturers, contractors, merchants. This group also includes the principal tax-paying element of the community.

Churches, clubs, fraternal and labor organizations, chambers of commerce and women's organizations include the whole population and afford the opportunity for personal exchange of ideas free from any hint of class feeling or interest. A man who might resent receiving propaganda matters in his pay envelope would feel very differently if the same material were presented in his lodge or union by an officer or influential member.

Druggists, hotel men, real estate men and garage owners, managers of laundries and factories where women are employed, are important as they can be of great assistance in the work of ascertaining conditions and controlling prostitution.

The important professions are law, medicine, journalism, and the ministry. If the interests of professional men and women are represented, it will go a long way toward securing the support of the principal leaders of public opinion. Lawyers and doctors deal directly, in daily practice, with the problems of prostitution and disease; and newspaper men and clergymen are in direct, frequent contact with the public. It is of the utmost importance to have the backing of professional men and women.

In selecting individuals, one man will often be of value in several directions and of course, the more such men are included, the smaller may be the committee and still have all the essential elements. It may be wise in some cases to leave the selection of the individuals to the people they are to represent, for instance, a manufacturers' association, a labor organization, or a foreign group. This will sometimes avoid jealousies, make the individual more truly representative and give him more influence. It is not

sufficient to have a committee which passes resolutions which can be said to represent the whole community. It is necessary to secure men who do really represent it. Get each of them interested on a common ground and have them pass along that interest to those for whom they stand. In general, the more money and the more work a man puts into a thing, the more interest he takes in it.

Women's organizations should be represented. They are vitally concerned in the prevention of venereal disease. A judge may be old-fashioned and look upon prostitution simply as a criminal matter, but if his wife can be interested in the health aspect, particularly, if she has children, she will be a powerful advocate and may convert him when any amount of argument in court would fail. The same principle applies to every public official and even to lawyers called on to defend prostitutes. If the mothers in a community can be interested in the committee's work, the fathers will get no peace until its program is supported by the local government. Women's organizations exert powerful influence on public opinion generally; and it should be borne in mind that a woman's vote is as good as a man's. Women obviously should have charge of the constructive, preventive and reform work among women.

There are also people who should be studiously omitted from the membership, if possible; those who are unhappy unless they are reforming something, no matter what; those who, though sincere, are always seeking notoriety. These people are usually visionary and impractical as well as extremely intolerant and impatient. They promote antagonisms instead of healing them. If the committee is to be taken seriously and command respect it must steer clear of this kind of people and seek level-headed, conservative men and women who have the reputation of finishing what they start, and of not starting what they can't finish.

In every community there are a few men, usually wealthy, each of whom wants to feel that he is the "big man" of the town. They may be vain, and jealous of each other. Many times one will refuse to have anything to do with any movement with which another is connected. One such man, if permitted to

dominate, may absolutely prevent the committee from becoming truly representative and effective. The support of these men may be valuable, especially in a financial way and sometimes for its psychological effect on officials. It is not meant that they should be excluded entirely for, if the committee starts with the right nucleus, it can either invite them all or none.

This principle applies to extremists of all kinds. It may be impossible to keep the membership clear of them and they may be very useful in some directions. They are usually enthusiastic and willing to work. All that is necessary is to keep them within bounds. It will be found that many such people will change their opinions as they acquire a new outlook from association with the committee and its work. Suggestion and the supplying of new points of view are much more potent in changing opinion than any amount of argument. The easiest way to convert a visionary theorist is to give him the job of working out the details of putting his theory in practice; he then sees the difficulties for himself and really thinks he has discovered them.

An ideal membership will be impossible, but if these principles are followed in making selections, the committee can feel that it has made the best of the material the community affords. That is all that can be expected.

If the general committee is large, and it usually will be, there should be an executive committee small enough so that meetings can be arranged frequently and on short notice. The principal functions of the executive committee will be to raise funds, decide those questions of policy which need not be referred to the general committee, and, most important of all, personify the collective influence of the general committee in dealing with officials. It should therefore be composed of the most active and representative men and women of the general committee. If all political parties, newspapers, employers, employees, churches, foreign groups and women's organizations are represented by persons having the greatest variety of social connections, public officials when called into conference will find the whole community personified and this alone will solve many a difficulty.

Various special committees may be advisable; for example, a

committee of physicians on medical measures and facilities, of druggists on patent medicines, of lawyers on legislation and legal measures, of women on preventive and reform work, and, if thought best, a committee on financial measures. Care must be taken, however, not to split up the work to such an extent as to lose team-work. With too much specialization, each sub-committee is apt to lose perspective and see nothing but its own particular work. The result of military experience has shown that to get team-work in an army, an order must first state the situation as to the enemy and our own troops, next the plan of action for the whole force, and then the part in the plan each element is to play. In that way only can each subordinate decide intelligently what to do in an emergency so as to further the general plan. The work of the committee should be sub-divided in the same way.

The executive functions involve two principals. The committee needs a chairman who will be the man who comes nearest to representing the interest of the whole community. He should be a conservative, broad-minded man who commands the respect of all classes. It will also need an executive or active manager. It will not ordinarily be possible to find one man who can and will fill both the positions of chairman and executive. Usually the chairman will be a man of influence who cannot devote the necessary time for the details of the active work and they must fall therefore, on an executive secretary. The qualifications of the latter are many and varied. He must have tact and patience to deal with people of all shades of opinion. He will be dealing constantly with public officials and should know something about politics and public affairs so as to be able to speak the language. He must know something of law, as he will be constantly dealing with legal questions, and if he has had experience in municipal affairs and criminal law, so much the better. He must know something of the medical aspects of the subject. He will have to deal with doctors, lawyers, judges, police departments, employers, unions, lodges, women's clubs, and the more he is able to appreciate their points of view and what produced them, the better he will succeed. He must be broad-minded,

tolerant, and should be a man who has mixed with all kinds of people; otherwise, he will not be able to approach them sympathetically. If he cannot do that, he will make little progress and may not even know why. He must be an organizer, have the faculty of getting men to pull together and must be able to talk. Finally, he must be able to suppress himself and be content to let others have credit for what they do, and even more. Public officials are very jealous regarding the distribution of credit.

It will be seen that the executive must be a trained man. It may sometimes be possible to find one in the community, but it is rare that such a man finds himself sufficiently free from entangling alliances to succeed, and it will usually be necessary to get some one with experience from outside. A man with such qualifications will cost money and will be worth it. It will be poor economy to have the whole work fail because of an inferior executive at a small salary.

Plans for the community control of venereal disease have been published by the American Social Hygiene Association and the United States Public Health Service, and can be obtained on application. Both lay out comprehensive schemes for action but they treat the subject analytically and tell more what to do than how to do it. It is not the purpose of this article to duplicate the idea of those plans. It is rather to consider the matter synthetically as supplemental to them, to point out the reasons for the difficulties that will be encountered in putting them into operation, and to suggest means by which those difficulties may be overcome. If all classes of people and all officials looked at the matter as they should or if they could even be converted readily, the whole problem would be easy and a program like those given in the publications referred to would solve it quickly.

A "drive" or publicity campaign will create a certain amount of sentiment and will get the coöperation of a certain number of citizens and public officials but will seldom, if ever, accomplish much more. There is a tremendous inertia in public sentiment. The country is becoming tired of drives. A campaign implies a finish; it is a high-pressure, short-lived affair. That has been the

characteristic of vice crusades, and it is the very error the committee should avoid.

It will be better to make a beginning quietly by securing a nucleus of the right people. This is not difficult. There are in every community a large number of conservative, public-spirited men and women who will readily see the force of the health idea and the constructive features. As one lawyer said: "If you're going to tackle this thing in a business-like way, I'm with you to the finish." It may also take time to convert some of the men whom the committee most needs in its membership. A drive without such a preliminary organization will attract the cranks, reformers and notoriety seekers, and they will probably appropriate the whole thing.

In making the campaign care must be taken not to alienate people. The manner in which education is conducted may make a great difference. Many physicians say that sixty per cent of all men have been infected with a venereal disease before the age of thirty. Few of these men (the sixty per cent) know how prevalent venereal disease is. They may not know about innocent and accidental infection. Their wives are still more in the dark. Placing emphasis on the prevalence of venereal diseases and the possibilities of innocent infection makes it easier for the skeletons already in the closets, and strengthens the argument against adding any more—the appeal for open treatment of the subject on account of the innocent women and children.

Exaggerations will react very seriously. Observation and common sense teach every one that not all people who have had gonorrhea have blind children or sterile wives, and that syphilis does not always result in paralysis or insanity. The truth is bad enough. If only one in a hundred reaps the consequences no one wants to take the chance of being that one. On the other hand those who have been infected can get a great deal of consolation from the feeling that their chances of escape are fairly good and that there are very many others in the same predicament. Exaggeration may make nervous wrecks of many people who otherwise would have suffered none of the serious consequences. Emphasis should also be given in every part of

the work to the fact that the committee is concerned, not so much with the question as to who has had venereal disease (except that they should be adequately treated), as with the question as to who is or is not to acquire it in the future.

The people most difficult to convert and with whom a campaign will have little effect are those who think "It can't be done." Do not be impatient with them; they have much reason for their view. It will do no good to argue with them. Get them to admit that they are willing to be shown and then show them step by step what can be done.

An educational campaign will accomplish much, but it is only a start. It will develop speculative interest principally. The problem before the committee is to change the standards of the community as to prostitution and venereal disease. That takes time. A city gets the kind of government it wants; one town has clean streets, beautiful parks, good water and plenty of light; another does not. Why? Because the people of one place have become accustomed to such things and those of the other have not. People have come to regard prostitution as something to be kept within bounds by an occasional housecleaning. They must be shown that the house can be kept clean all the time with a vacuum cleaner. When they have become accustomed to it they will not be satisfied to return to the continual dust with a periodical upheaval.

To show that venereal disease control is a practical scheme means getting it into operation, and getting it into operation means getting public officials to take it up. This requires public sentiment. At first sight it looks rather hopeless. The solution is "to play the ends against the middle." The committee should get as much public sentiment, and the coöperation of as many officials as possible, by a campaign. Then start to put the plan in operation. Develop the weak spots; diagnose their causes. If they lie with an official do not drive him into a corner but give him an opportunity to change. Save his face, but put upon him the spotlight of public opinion. Find out his particular point of view. There may be a good reason for it. If there is, remove it; if not, try to put him in a position where he will

see things in the right light of his own accord. As fast as any progress is made, give it publicity to show the people who say "it can't be done" that something actually is being done. This publicity will make the next "weak spot" feel the limelight coming.

Let us assume, for example, a case. The segregated district has been broken up but after a little it is found the former madams are operating rooming houses as houses of assignation or "call houses." There is no rooming house ordinance. The committee proposes one which the common council thinks too drastic, fearing that it may expose innocent proprietors to liability of losing their licenses if any of them should happen to rent a room to a man and a prostitute registering as husband and wife. The committee should proceed somewhat as follows:— have the executive committee appear before the council; have newspaper men present; read enough of the investigation reports to show conditions; emphasize the health feature and the ease with which young men may be exposed; then ask the council how the situation is to be met. If they cannot suggest a remedy ask them to refer the proposed ordinance to a committee. Publish the proceedings. Before the next meeting turn loose on the committee all the interested people possible. Go to a few reputable rooming house keepers, and show them that it is for their interest to have the ordinance adopted to keep the business respectable. Get some of them to appear at the next meeting of the council and ask for the adoption of the ordinance. If these measures fail wait a little. Then make another investigation and get evidence to convict the keepers of one or more houses. Publish the proceedings of the trial. Then repeat the pressure on the council.

Do not at any time insinuate that the council or any of its members is in any way corrupt or not in good faith even if it is known to be a fact. If there are any such they will feel that people are thinking about it and they may be anxious to prove that it is not true. If charged with it they will feel that they cannot vote for the ordinance without admitting the charge by implication.

The ordinance is finally adopted. Many people think that all



that is necessary to stop an evil is to make a law against it. They will think the rooming house question is settled. The council has provided that the mayor issue the licenses and revoke them only for cause. It will soon be discovered that some of the houses are still operated as houses of prostitution; they are persistent. The chief of police is seen about it. He says, "Yes, I know about it but what can I do? I told the mayor that woman ought not to have a license but he issued one 'for men only' except as to the women who were already there. How can I tell whether the women there now are the same ones?" The mayor is seen. It is learned that all the chief of police did was to write a letter saying the license should not be issued but giving no reasons, and the proprietress had insisted that all the women in her house were respectable married women living with their husbands and ought not to be turned out. How could the mayor tell? What could he do? Then get the chief to go to the mayor and show him the police court records showing that on the trial of a robbery committed in the house it appeared that one of these "respectable married women" was a prostitute. Then get the mayor to summon the proprietress to show cause why her license should not be revoked. She will claim she did not know that the woman was not all right; how could she tell? Get her to tell how careful she is concerning the people she accepts for lodgings and about what goes on in her house. One such woman swore she made hourly investigations of ten houses from nine in the morning till midnight! Don't try to contradict her; let her go as far as she will. Then see her privately and tell her you know all about what has been going on in her house and will know hereafter; that the responsibility for knowing that the house is run properly is upon her; and that if she is as careful as she claims she cannot help knowing. After a week or two investigate. If she is running a house of prostitution a good investigator will have no trouble in getting evidence that will involve her directly. Then place the evidence before the mayor and revoke her license. Publish what has been done and every rooming house keeper in the city will run a model place for months. You have shown that it can be

done. Have one of your newspapers inquire editorially why the police cannot do it all the time; why it would not be a good idea for the police to make regular investigations. If they have no men who would not be recognized in houses of ill repute why not exchange with some nearby city?

If evidence can be obtained against any inmates, bring them into police court and have them sent to the clinic for examination. If there is no law sending them to the clinic, give them the option of going voluntarily or standing trial, and they will go. Tell them something about venereal diseases. If they are found to be infected publish that fact, but not their names; even prostitutes do not like to be advertised in the newspapers. Let them feel the fear of exposure as well as the fear of punishment. All the prostitutes in the city will be quick to catch the difference between this and the old methods, and will be much more willing to tell the truth. Have the police tell those apprehended that if they stop practicing prostitution they will be let alone, but that all members of the police force will be instructed to bring them in if they see any signs of their not keeping straight. Put a woman worker in touch with them and encourage them to accept honest work.

Many of them will pretend to be straight but will continue their occupation. Let them think they are succeeding in subterfuge until they have told all they will. Then place a few of the worst offenders in jail. If the manner of their treatment thus far has already been published there will not be much trouble in getting the court to impose a jail sentence rather than a fine. Publish the sentence but not the name; it does no good and withholding it shows the others you are playing fair. This will make good reading for all the prostitutes in the city. You have been fair, but have also made good and they do not like the idea of jail. All this publicity will show the community that although closing a segregated district may drive prostitution into rooming houses, still the rooming house problem can be solved, if it is tackled, as the lawyer said, "in a business-like way."

After the rooming houses come the hotels, streets, taxicabs and all outdoors. The difficulty may lie with the health department,

the police, the judiciary, or it may be that money is required for a clinic, for a detention ward or it may even be, as it was in one city, for a new jail.

To carry out a persistent movement of this kind means the expenditure of considerable money. It will be necessary to assure the right kind of executive a liberal salary for at least two years, and this, with office, investigation and incidental expenses, must be raised before actual work is begun. Money has been the least of the troubles of most committees organized during the war. In one city two leading men personally guaranteed five thousand dollars a year to pay an executive. In two others, women's organizations raised the money to pay women workers. This was done without any campaign or publicity. As a new proposition it will be necessary to get the support of a few people who will contribute enough for a start. It will then be necessary to sell the idea to as many others as possible. This involves two things; first, convincing them that the idea is good, and second, that the community needs it. A good speaker on the subject can be obtained through the American Social Hygiene Association or the War Department Commission on Training Camp Activities. Let such a speaker talk to the Rotary Club, the Chamber of Commerce, a woman's club or two, and any other organizations available. He will describe the general conditions developed during the war, and the need, practicability and success of control. Then get money enough together to have an investigation made of conditions in the community. Put the results before the same organizations, and have them presented by some one who can bring home to every man and woman present the danger to their sons and daughters. Every father and mother of a boy or girl nearing adolescence or passing through it, is worrying about them; money is a trifle compared with their welfare. These fathers and mothers will not be critical about theories; they will be glad to invest in any proposition that looks feasible. All that is necessary is to bring actual conditions home to them and the committee will have no trouble in getting all the money needed. As the work progresses, and the more it is demonstrated that the scheme is practical, the easier it will be to secure more funds.

The limits of this article do not permit an analysis in detail of the various difficulties that will be met and suggestions as to how to overcome each one. The principle in brief is to get some public sentiment to start on, use that to make a beginning, and then use each step to make more sentiment. In dealing with officials avoid antagonisms; get their point of view and work from that. Every act is the result of a decision; decisions are the result of weighing the different courses open. The course that looks best from the official's standpoint is the one he will choose and the one you would choose if in his place, seeing the question as he sees it. Show him (instead of trying to tell him), the advantages from his standpoint, of the course you want him to pursue and then use public sentiment to push him along.

If this course is persistently followed, in time the different governmental agencies will get the habit of coöperating and the community will get accustomed to a town free of prostitution. The people will have learned how the business of prostitution is conducted, where to look for indications of it and how to tell the indications when they see them. When that point is reached the matter will take care of itself; the people will no more tolerate prostitution than they will now put up with dirty streets, filthy drinking water, or streets without lights.

## LIBERTY AND DISCIPLINE<sup>1</sup>

Liberty means a freedom of choice in regulating one's conduct. If you are free to attend a lecture, but not free to stay away from it, then it is compulsory. You have no liberty whatever in the matter. A man of wealth has no freedom about paying taxes. He is obliged to pay them. But he has freedom about giving money away to relieve distress or for other charitable purposes, because he may give or not as he pleases. A man is at liberty to be generous or mean, to be kindly or selfish, to be truthful or tricky, to be industrious or lazy. In all these things his duty may be clear, but he is free to disregard it. In short, liberty means freedom to do wrong as well as to do right, else it is no freedom at all. It means freedom to be foolish as well as to be wise, to prefer immediate self-indulgence to further benefit for oneself or others, liberty to neglect as well as to perform the duties of the passing hour that never comes again. But if liberty were used exclusively to do wrong, it would be intolerable, and good sense would sweep it from the earth. The supposition on which liberty is based, the condition on which it exists, is that men will use it for right more than for wrong; that in the long run they will do right more often and do more that is good, than under a system of restraint.

ABBOTT LAWRENCE LOWELL.

<sup>1</sup>From an address delivered to the Freshman Class of Yale College, October 15, 1915, on the Ralph Hill Thomas Memorial Lectureship Foundation.

## THE FAILURE OF SEGREGATION AS A PROTECTOR OF INNOCENT WOMANHOOD

RAY H. EVERETT

Most arguments which have been advanced at various times for and against regulated prostitution have been accurately tested and either proved or disproved.

Medical men have proved that regulation of prostitutes with medical inspection does not prevent the spreading of syphilis and gonorrhea, but probably spreads them more rapidly than before.

Business men and property owners have learned that greater financial returns can be secured by devoting property formerly used for red light activities to legitimate purposes. The pseudo prosperity accruing to a few was the result of a detriment to the majority of business and professional men who catered to the decent, law-abiding citizenry of a community.

Those who believed that prostitution *could* be segregated have learned that even the best organized reservation harbored but a small percentage of a community's prostitutes. They have also discovered that, by tolerating a red-light district, they open an advertised training school for those girls who may be inclined or induced to take up the profession.

Perhaps the most persistent argument which still continues is the contention that the existence of a red-light district is necessary "to protect decent women" and that the abolition of the district will increase the number of sexual crimes against innocent girls and women. It is important to learn whether or not this argument is justified by the facts.

In the first place, this contention implies that the men and boys of the nation are lacking in self-control, and that in order to gratify their sexual appetites they will violate laws and incur the severest of penalties. Secondly, it implies that men accustomed to commercial prostitution will prove safer guardians of a community's chaste womanhood than would those who kept their passions under control.

Whenever this latter theory was advanced to a certain major of the United States Public Health Service by a man who had always lived in a city where the district was tolerated, he countered with the following argument: "If your daughter was out in an automobile late at night and the car broke down on a lonely road, whose company would you prefer to have her in,—that of a man who had been accustomed to going 'down the line' once or twice a week, or of one who had never taken part in red-light activities?" Almost invariably the latter was selected as the fitter companion.

In procuring data on the increase or decrease of sexual crimes against innocent girls and women where red-light districts have been abolished, a brief questionnaire was submitted to the legal authorities of such communities in all parts of the country. The following form was used:—

1. Have sexual crimes against innocent girls and women decreased or increased since your officials coöperated with the government in closing the district? If so, to what extent?

2. Based on your law-enforcement experience, what suggestions can you make whereby these problems can be even more adequately dealt with?

Replies were received from fifty-four cities, and statistics obtained therefrom may well be considered representative, as all sections of the United States are represented. In some instances figures were not obtainable, but other corroborative evidence gives weight to the answers. These answers have been classified and are given in tabular form on pages 524-525.

This shows 28 communities, or 51.8 per cent, where sexual crimes of violence have decreased since the abolition of the district; 24 communities, or 44.5 per cent, where no change has been noted; and 2, or 3.7 per cent, which report an increase.

In the twenty-four communities where no change was noted the known increase in population indicates an actual decrease in the number of crimes. This, considering the inadequate housing conditions, abnormal labor turnover, and confusion consequent upon mobilization and demobilization which have prevailed dur-

ing the past two or three years, points toward even better results in normal times.

It is well to mention here that the answers received from the two communities reporting an increase were both in the class where exact reports were not obtainable. As these two are opposed to so overwhelming a majority, it may be well to quote the answers received in their cases.

David A. McKee, prosecuting attorney of Wheeling, West Virginia, says: "To the first question my answer must be that such crimes have increased. I have no records by which I can make a positively accurate statement, but I regard that the safe estimate would be that such crimes have increased 50 per cent."

This estimate of Mr. McKee's is at direct variance with one made by G. W. Cory, Superintendent of the Union Mission of Wheeling, a man characterized by City Manager Charles O. Ephlin as "probably as well posted on this subject as any one." Mr. Cory says: "There has been a marked decrease in crimes against women since the closing of the red-light district, and I think the decrease has been due to the abandonment of houses of ill fame. Wheeling is a much better city morally than it was a year ago."

Balancing these two opposite views, it would seem that Wheeling, though one of the pair of cities credited with an increase of crime, is really an extremely doubtful asset for the red-light advocate and can be made a liability if the new city administration adheres to the policy of strict law enforcement which the preceding city manager had endeavored to effect just prior to his death.

J. R. Hughes, assistant district attorney of Sacramento, Cal., says: "The so-called segregated district in this city was closed about the year 1913, and as the present incumbent of the district attorney's office did not assume the duties of the office until 1915, he is unable to give complete statistics covering that period of time. I am informed, however, through the official court reporter, whose duty it is to take testimony in such cases, that since the closing of the segregated district there has been an increase of 75 per cent in sex crimes, this increase being particularly noticeable in the crimes of lewd and lascivious conduct with chil-



TABLE I.  
CLASSIFIED ANSWERS TO QUESTIONNAIRE.

PLACE	DATE OF CLOSING	RESULT IN NUM- BER OF SEX CRIMES	AUTHORITY
Ajo, Ariz.	1917	No change	T. R. Field, Justice
Albany, N. Y.	1918	No change	Harold D. Alexander, Dist. Atty.
Albuquerque, N. M.	1918	Decrease	S. Burkhardt, U. S. Atty.
Atlanta, Ga.	1912	Decrease	James L. Beavers, Chief of Police
Bisbee, Ariz.	1917	Decrease	H. G. Ruff, Police Sergeant
Bridgeport, Conn.	1915	No change	Homer S. Cumming, State Atty.
Charleston, S. C.	1917	No change	Francis H. Weston, U. S. Atty.
Chicago, Ill.	1912	Decrease	Harold H. Flower, Major, U. S. A.
Clarksdale, Miss.	1918	No change	R. L. Burns, County Atty.
Dawson, Ga.	1918	No change	W. H. Gurr, Solicitor
El Paso, Tex.	1917	Decrease	Seth B. Orndorff, Sheriff
Galveston, Tex.	1918	No change	Marion J. Levy, Asst. County Atty.
Globe, Ariz.	1917	No change	Hugh M. Foster, County Atty.
Grand Rapids, Mich.	1912	Decrease	Ralph A. Stone, County Atty.
Hartford, Conn.	1911	Decrease	Hartford Vice Commission
Hattiesburg, Miss.	1917	Decrease	Alexander Currie, Pros. Atty.
Hopewell, Va.	1917	Decrease	E. C. Hubbard, Police Sergeant
Houston, Tex.	1917	Decrease	Searcy Baker, Supt. of Police
Jacksonville, Fla.	1917	Decrease	H. B. Phillips, County Judge
Jerome, Ariz.	1918	No change	W. R. Hughes, Justice
Kansas City, Mo.	1915	No change	O. S. Irwin, Supt. Board of Welfare
La Grange, Tex.	1918	No change	John P. Ehlinger, County Judge
Lancaster, Pa.	1914	Decrease	Lancaster Vice Committee
Lexington, Ky.	1915	Decrease	Chief of Police
Little Rock, Ark.	1913	Decrease	Charles E. Taylor, Mayor

PLACE	DATE OF CLOSING	RESULT IN NUMBER OF SEX CRIMES	AUTHORITY
Louisville, Ky.	1917	No change	Ludlow F. Petty, Chief of Police
Lynchburg, Va.	1914	Decrease	Chief of Police
Minneapolis, Minn.	1913	No change	C. C. Gilman, Sec'y Women's Coöperative Alliance
Mobile, Ala.	1917	No change	Robt. T. Ervin, Judge U. S. Dist. Court
Montgomery, Ala.	1917	No change	Wm. T. Seibels, City Solicitor
Muskogee, Okla.	1918	Decrease	Enloe V. Vernot, County Judge
New Braunfels, Tex.	1918	Decrease	W. H. Adams, Sheriff
New Haven, Conn.	1913	No change	Phillip T. Smith, Chief of Police
New Iberia, La.	1918	Decrease	Emile M. Vullemot, Dist. Atty.
New London, Conn.	1912	Decrease	H. A. Hull, State Atty.
Norfolk, Va.	1916	No change	Catherine Hook, Probation Officer
Oklahoma City, Okla.		Decrease	Robert Burns, County Atty.
Petersburg, Va.	1917	Decrease	B. C. Syme, Commonwealth Atty.
Philadelphia, Pa.	1913	Decrease	James Robinson, Supt. Dept. of Public Safety
Portland, Ore.	1913	Decrease	N. F. Johnson, Chief of Police
Richmond, Va.	1917	Decrease	C. A. Sherry, Chief of Police
Rochester, N. Y.	1912	Decrease	J. M. Quigley, Chief of Police
Sacramento, Cal.	1913	Increase	Hugh B. Bradford, Dist. Atty.
St. Louis, Mo.	1914	No change	Dr. M. C. Woodruff, City Health Dept.
St. Paul, Minn.	1913	No change	Henry McCall, Com. Public Safety
San Antonio, Tex.	1918	Decrease	O. A. McAskill, Dist. Atty.
Santa Fé, N. M.	1918	Decrease	Alexander Read, Dist. Atty.
Spokane, Wash.	1910	No change	M. H. Pasley, Chief Probation Officer
Tacoma, Wash.	1916	No change	William D. Askren, Pros. Atty.
Tucson, Ariz.	1916	No change	Meade Clyne, City Health Officer
Victoria, Tex.	1918	No change	R. L. Daniel, County Atty.
Waco, Tex.	1917	No change	James D. Willis, Pros. Atty.
Washington, D. C.	1914	Decrease	Raymond W. Pullman, Supt. of Police
Wheeling, W. Va.	1918	Increase	David A. McKee, Pros. Atty.

dren, and statutory rape (statutory rape in this state being with the consent of the female where she is under 18 years of age). There probably has been an increase of 50 per cent in the population during this time which would account for an additional number of crimes of this character."

Upon further examination of Sacramento's record, it appears that the segregated district, which Mr. Hughes says "was closed about the year 1913," opened up again shortly after, as it was found necessary to "close" it again in 1915 and a third time in 1917. It is reasonable to assume that this flash-in-the-pan policy combined with the appetites aroused by the district in its habits is to be blamed for the reputed increase in sex crimes rather than the sporadic "closing" of the district. The failure in Sacramento lies at the door of lax law enforcement, not at that of red-light repression.

Judge James P. Alexander of Waco, Texas, after writing "It is difficult for me to say whether crimes against innocent girls have decreased or increased as the result of the closing of the district," says in a later paragraph of his communication, "I believe, however, that the closing of the district has increased crimes of this kind."

The weight of both opinion and evidence in Waco is opposed to Judge Alexander's belief, however, as Mayor Edward McCullough says, "Our police department advises me that there has not been an increase in such crimes. . . . If there is any difference, they are fewer than previously." Prosecuting Attorney James D. Willis of the same city says, "My observation is that there is no increase in sexual crimes against innocent women and young girls due to the closing of the reservation."

States Attorney Maclay Hoyne, Cook County, Illinois, gave as his opinion concerning Chicago that "the crimes have shown a gradual and continued increase," but admits that, as prosecuting officer, he has no statistics of arrests or "figures for your (the author's) assistance."

Major Harold H. Flower, U. S. A., Law Enforcement Division of the Commissions on Training Camp Activities, stationed in Chicago, says: "This much is certain, that there are no records

or any other evidence to sustain the charges that sex crimes against innocent women have increased since the closing of the red light district. Of this general fact you can be absolutely assured."

The following figures compiled from the official records of the Chicago Police Department by the secretary of police, seem to furnish ample reason for placing Chicago among the communities showing a decrease.

TABLE II.  
NUMBER OF CASES OF RAPE AND ATTEMPTED RAPE, 1912 TO 1918<sup>1</sup>  
(Arrests on complaints—not convictions.)

YEAR	RAPE	ATTEMPTED RAPE	TOTAL
1912	250	72	322
1913	204	54	258
1914	215	95	310
1915	197	63	260
1916	149	72	221
1917	118	52	170
1918	104	44	148

<sup>1</sup>Redlight district closed in fall of 1912.

This shows an almost uninterrupted decrease in arrests on complaints for rape and attempted rape, a decrease most significant in consideration of the increase in population.

Of the communities for which reports were received, 22 had abolished their districts three or more years ago, as follows: one in 1910; one in 1911; five in 1912; seven in 1913; three in 1914; three in 1915; and two in 1916. It seems a fair inference that, other conditions being equal, more importance should be attached to results obtained in these places than in others where the experiment has been of shorter duration. On this basis the following short table is important.

This shows an increase of crime in but one community where the district was abolished 6 years ago; no change in 9 communities where the average time elapsed since abolition of the district has been 5 years; and a decrease in 12 communities where the average time elapsed since abolition of the district has been  $6\frac{1}{4}$  years.

TABLE III.

RESULTS IN COMMUNITIES WHERE DISTRICT HAS BEEN ABOLISHED  
THREE OR MORE YEARS.

NUMBER OF YEARS ABOLISHED	DECREASE IN SEX CRIMES	NO CHANGE IN SEX CRIMES	INCREASE IN SEX CRIMES
9	..	1	..
8	1	..	..
7	5	..	..
6	3	3	1
5	2	1	..
4	1	2	..
3	..	2	..

Those communities in or near which the national cantonments were located were subjected to a more severe test than the average community, and in them, if anywhere, would the crimes under discussion be liable to show an increase. The men and boys gathered in these camps were away from the restraining influences of home ties and many of them hailed from localities where the red-light district had been tolerated. The populations of these camp towns were greatly augmented, whereas the police departments as a rule were not enlarged in proportion.

Of the 54 places originally tabulated, 21 were near national camps and at least 8 more were within a 50-mile radius of one,—near enough to share in the effects. In none of these 29 communities was any increase reported. The two statements cited below are typical of many answers received from law enforcement officials who had to deal with the training camp problem.

W. H. Fryer, prosecuting attorney, El Paso, Texas, writes: "Without hesitancy I would say, after observing conditions particularly, that the abolition of segregated prostitution and the repression of commercial prostitution do not tend to increase the number of sex crimes against women and girls. In fact in and about El Paso there has been a noticeable decrease in these crimes since the abolition of the segregated district here."

Alexander Currie, prosecuting attorney, Hattiesburg, Mississippi, says: "Considering the fact that we have had many hundreds of strangers within our city at all times, both day and

night, since the location of a camp here, I know that the abolishing of the segregated district is a success and has decreased crime."

A number of authorities in their answers credit red-light abolition with state-wide rather than merely local effects, and several say that *all* crimes decrease in prevalence with the adoption of this measure. Regarding these two points, three excerpts are given from as many localities, and an opinion of even greater strength from a fourth.

Alexander Read, district attorney, First Judicial District, New Mexico, says, "Sexual crimes against innocent girls have greatly decreased in the state of New Mexico," and M. C. Bennet, assistant attorney general of Georgia, E. A. Stephens, assistant solicitor general of the same state, together with J. L. Beavers, chief of police of Atlanta, gave as their opinions that the city and state have "improved immeasurably" since the closing of the district in Atlanta, and that the number of cases had decreased to a great extent since that time.

The chief of police of Lexington, Kentucky, states that *all* crime has been materially decreased as the result of the closing of the district, while the Lynchburg (Virginia) chief says, "It's the best thing that ever happened for the city."

In Hartford, Connecticut, the Vice Commission reported: "As against the contention that the closing of houses of prostitution would increase crimes of violence (crimes referred to are such as rape, carnal abuse of female child, seduction and enticing of minor female), we find that whereas in the two years, 1910 and 1911, before the houses were closed, there were 10 arrests for such crimes, in the four years thereafter there were 17, a decrease of 15 per cent, even though there was a considerable increase in population."

In his article, "The Fight Against Vice in a Pennsylvania City," Rev. Clifford Gray Twombly says, "At the opening of the last quarter sessions Criminal Court in Lancaster on September 11, 1916, the presiding judge in his charge and instructions to the Grand Jury took occasion to say that it had been five months since a session of the Criminal Court had been held in Lancaster

county, and that 'in this time there has been a notable lack of serious crimes in the county, and we are to be congratulated on this fact.' There has also been a marked decrease recently in fornication and bastardy cases . . . though at the time of the vice crusade (1914) it was constantly and confidently predicted that the result would be just the opposite and that the closing of such resorts would mean a large increase of vice and crime."<sup>2</sup>

Several authorities claim that a group composed of degenerates, perverts and the feeble-minded forms one large class of sexual offenders. This mass of boys and men, mentally subnormal, is not to be deterred by the heaviest of penalties and forms a problem which even the most adequate system of law enforcement can not entirely control. The red-light district, far from protecting society from this class, is constantly augmenting it by the addition of men whose mental and physical attitudes become perverted through sex indulgence in commercial houses of prostitution.

In addition to decreasing sexual crimes of violence, what is of greater ultimate importance is the change in community sentiment brought about by the enactment and drastic enforcement of adequate legislation dealing with prostitution. The following excerpts taken from answers to the questionnaire illustrate this awakening of the right kind of public sentiment.

The conditions in New London County and, I believe, in the state generally, prior to the campaign inaugurated some time ago to check these crimes, were very bad, and it was predicted by some that the crimes about which you inquire especially would increase with the enforcement of these statutes, but such is not the case.

In reply to your first inquiry, I would say that all crimes of this class have materially decreased as a result of the enforcement of the law against commercialized vice.

Under your second inquiry, the only suggestion I can make is the faithful enforcement of the statutes, punishing all parties responsible for the conditions, not only the active operators, but the owners of the property involved. Public sentiment has changed very decidedly with reference to these prosecutions, and it is easier to get convictions than it was five or six years ago.

*From Hadlai A. Hull, state attorney, New London County, Connecticut.*

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<sup>2</sup>*The Churchman*, 1917.

To the best of my knowledge and belief, it cannot be said that there has been an increase of crime locally, attributable to the closing of the district. I am one of those who thought there would be, but am now convinced to the contrary.

*From Justice W. R. Hughes, Jerome, Arizona.*

I believe that the question of prostitution, and venereal diseases especially, is being adequately handled through the activities of the federal, state, and municipal authorities and the processes of publicity and education are already showing gratifying results. I believe, further, however, that the results accomplished will have been wasted if the agencies concerned should slacken in their activities, so the campaign against vice and disease should go on.

*From M. H. Palsey, chief probation officer, Juvenile Court, Spokane, Washington.*

Since the closing down of the houses of prostitution there have been no complaints filed in the courts of the parishes of Iberia for abduction nor for carnal knowledge of a female under the age of eighteen. I know of no cases or crimes against innocent girls or women in this Judicial District since the closing of the district.

*From Emile M. Vuillemot, district attorney, New Iberia Parish, Louisiana.*

I would say that sexual crimes in this community are on the decrease, and on account of agitation in the last year in reference to these matters, the moral conditions in Muskogee are now better than they ever were.

*From Enloe V. Vernor, county judge, Muskogee, Oklahoma.*

As to the matters inquired about, Albuquerque abolished its red-light district a number of years ago, and its settled policy, based on its experience, is that no red-light district shall be permitted. There have been no bad effects experienced from its action. On the other hand, the morals of the community have very greatly improved.

*From S. Burkhart, U. S. Attorney, Albuquerque, New Mexico.*

In the closing of the red-light district here, we got rid of nearly all the element that follows the district for a living, and it has been the cause of a great many married men's taking care of their families who heretofore spent all their earnings on women of the district.

I cannot see where there is any chance for an argument on the maintaining of a restricted district. It is a relic of corrupted morals and an incentive for girls who are temporarily despondent to throw away a good life.

*From Hilburn G. Ruff, Police Department, Bisbee, Arizona.*

The logical conclusion from these reports procured from the most authoritative sources is that the district must forever doff the disguise of chivalry which has heretofore enabled it to conceal its real character from many. The vast weight of authority indicates clearly that the red light marks the haunt of perversion and crime, not the tent of a Sir Galahad.



## TOWARD MENTAL SANITY<sup>1</sup>

Honest people are free to assert that a million dollars is a good thing to have, and that if money becomes sordid and belittles character, it is the fault of the possessor and not that of the million dollars. But suppose that at the hands of poor and dishonest mentors one had been led to think seriously of all money as filthy lucre, the root of all evil, a topic to be mentioned only in suppressed whispers and with guilty laughter, a motive whose acknowledgment was a confession of turpitude, what would be likely to happen when one's ambitions came to depend upon his economic competence, or if one had a good chance to win the million dollars or something worth a great deal more? Would one so educated and convinced have a firm grasp on his opportunity? Would he make a sound investment of his fortune? Would he be likely to spend the income from it wisely? It is particularly important that those who are responsible for the formation of character in others should withstand every impulse to dissemble personal difficulties or mistakes of adaptation, and should openly appreciate the active, tangible and concretely serviceable ideals that are likely to bring the best adjustments to life in the normal personalities under their influence. The course to an adequate mental adaptation is sometimes stormy, but it is far less devious than the paths by which people try to escape.

<sup>1</sup>From "Mental Adjustments," by Frederick Lyman Wells, M.D.

## THE TREATMENT OF THE VENEREAL DISEASE PATIENT

H. E. KLEINSCHMIDT, M.D.

A few years ago the task of controlling the spread of venereal disease seemed a hopeless one. Today the problem gives promise of being solved through the application of a comprehensive, practicable public health program. Because the war has served to focus attention on the problem, the whole country has been stimulated to enter the peace-time fight of combating venereal disease. The well-rounded program adopted and put into practice by the army, navy, and Public Health Service, consisting of law enforcement, provision of recreation and entertainment, education, medical prophylaxis, and treatment, has proved its worth and is being generally, almost universally, accepted.

The relative values of these several factors are indeterminable, but the medically trained man requires no arguments to convince himself of the importance of providing facilities for scientific diagnosis and adequate treatment for all known and suspected carriers of venereal infection. The venereal disease clinic is established primarily as a public health measure in an attempt to gain control of carriers, thereby curbing the spread of disease; and not merely to relieve the suffering and distress of individual patients, commendable as that objective may be.

To insure the success of the diagnostic and therapeutic attack, certain requisites must be provided. Thus financial backing, guaranteeing the maintenance of the clinic through and beyond its experimental stage, is necessary, and fortunately such backing is now made available through the Public Health Service, state boards of health, and private organizations. The need of modern, but not necessarily elaborate equipment is generally appreciated. Unless facilities such as the dark stage microscope, serological laboratory, diagnostic and treatment instruments of precision, are available, a clinic can hardly measure up to the modern standard. The business side of operating the clinic is

usually given due emphasis and social service follow-up work has established its claim for recognition.

The provision of facilities not absolutely necessary for good scientific treatment but desirable for the comfort and general well-being of the patients is often neglected. For instance, it is rare to find a clinic where arrangements for segregating men and women in the waiting rooms have been made. Such a plan is highly desirable and, at least in the south, there should also be separate waiting rooms for whites and negroes. Where sufficient space is not to be had, clinic hours can be so arranged as to make one reception room serve these purposes without the necessity of entertaining patients of both sexes and all races at the same time.

In the treatment room a feature highly appreciated by patients is privacy. In private practice the physician is usually punctilious in insuring absolute privacy in the consultation room, but in the clinic the attendants are frequently careless in this regard. In a busy clinic where it is necessary to handle large numbers of patients with dispatch and where a sufficient number of rooms is not to be had, a liberal use of screens or curtains may suffice. The advertising specialist has long ago realized the value of catering to his patrons by promising privacy in all his relations toward them.

The average patron of the public clinic may or may not appreciate godliness, but it is certain that he does value cleanliness highly. He is entitled to surgical as well as the grosser kinds of cleanliness. The consistently scientific doctor carries his "aseptic conscience" with him wherever he goes, but occasionally one finds attendants in public clinics who have succeeded in smothering this conscience into unconsciousness. The writer once observed in a clinic of reputable standing a physician examining a number of venereal patients. After stripping back the prepucial of one patient for examination, he went directly to the next and without so much as washing his hands, palpated the forehead, lips, and neck. True, this doctor took the precaution of wearing rubber gloves for his own protection and it happened that patient number one was free from any lesion, but what about the

violation of the æsthetic feelings of patient number two? Cleanliness in medical and surgical practice implies adequate equipment, but even with poor facilities, the ordinary technics can be carried out according to the rules of surgical cleanliness.

Perhaps the one factor on which more than on any other hinges success or failure of the clinic, is its manpower. Advances in urology and syphilology have been so rapid in the last decade that only the physician who has kept stride with progress is competent to grace the staff of the clinic. But aside from the scientific qualifications of members of the staff, there is another consideration, the importance of which is too frequently overlooked, namely, the personal or social attitude of the doctor toward the patient. Many a physician becomes so engrossed in the treatment of the patient's disease that he is likely to overlook the treatment of the patient *himself*. Every patient is a "case," and as such should be critically, impersonally, and objectively studied with the same interest as is employed by the biologist in examining a newly-discovered beetle. Every patient is also a tangled bundle of opinions, prejudices, sensibilities, likes, and dislikes, which bundle no psychologist has yet succeeded in unraveling. He resents being treated as a mere specimen. He has come specifically to seek physical relief, but desires also human sympathy and understanding. He craves the good will and favorable opinion of the doctor and offers his friendship in return, for in the doctor he has found one who has a real understanding of his physical distress or difficulty. He is entitled to all the courtesy and consideration which a physician would give his best private patients.

Scores of discharged soldiers and sailors have complained of the treatment received at the hands of medical officers. These men may be laboring under a delusion but nevertheless their impressions will be carried back into their communities and will not soon be forgotten. For example, the "c.c. pill" has become a standing joke with many soldiers, representing in their minds the army's panacea for all ills to which a doughboy may be heir. From the medical viewpoint the administration of a preliminary cathartic, pending further developments, is, of course, good

treatment, but if the patient is left with the impression that the treatment was unscientific and a mere method of getting rid of him, who can blame him for making damaging charges? Taking into consideration the demands of discipline, the pressure of time under which many medical officers were working, the annoyance occasioned by the malingerer and other circumstances unknown to the patient, these charges probably are not justifiable. What is considered as harshness by the patient, may have been only misinterpretation of military usage or discipline on the part of the officer. It is regrettable, however, that such misunderstandings have been established.

Instances of harsh personal treatment are sometimes observed in civilian clinics. This seems to be more noticeable among physicians who have had post-graduate training in German or Austrian schools, and is but a reflection of the autocratic, impersonal methods generally prevailing in continental clinics which are attended largely by ignorant and helpless peasants.

In venereal disease clinics medical attendants sometimes make the mistake of allowing a careless or even lewd element to creep into the dealings with the patient. Crude jokes, be they ever so artistically dressed up, are reprehensible and should never be tolerated in any dispensary. Because many of the female patients may be hardened prostitutes, is no reason why the doctor should jeopardize his dignity or risk insulting a respectable woman. The fact that many of the male patients are unscrupulous "rounders" is no excuse for allowing salacious stories or undignified language in the clinic.

Common etiquette, therefore, is reason enough for maintaining a dignified, respectful relation between patient, doctor, nurse and orderly. But there are other valid reasons as well. First, there is to be taken into account the psychological effect on the patient. Numerous investigators have called attention to the close relations existing between mental influences and physiological processes. The physical attitude of the patient has a direct bearing on purely physical reactions. Is it too far fetched to maintain that thoughtful, courteous personal treat-

ment of the patient will be of material benefit to the therapeutic treatment administered?

Again, the importance of holding the patient should be emphasized. If the maintenance of the venereal clinic has for its purpose that of limiting the spread of venereal disease by rendering active carriers non-infectious, it is highly important that these carriers be held for treatment until cured, or at least until they are in a non-infectious state. It is a great mistake unwittingly or purposely to drive off a patient because of a lack of thoughtfulness on the part of clinic attendants. Even the dry goods merchant, the green grocer, the shoe-string peddler, realizes that unless he secures the friendly confidence of his customer, he will not long hold his trade. The physician should realize that he owes it to the clinic as an obligation to the public welfare to do everything in his power to hold the patient until cured.

Building up and sustaining the good reputation of a clinic is a responsibility resting especially on the members of the staff. It is certainly not unethical to advertise the clinic through the patients. How better could this be accomplished than by fostering the friendly good-will of the patrons! A grateful patient is a walking, talking advertisement for the public clinic, more efficient even than the familiar sandwich man. In certain civilian clinics maintained during the war for the treatment of venereal disease, it was observed that the majority of the patients were there because of the personal solicitation of some individual on whom a favorable impression had been made.

To fulfill its high mission, the public clinic should be more than a treatment station. Those who have come to seek relief are for the most part persons who, perhaps, have suffered deep remorse because of a misstep and are keenly responsive to any method which will assist in combating venereal diseases as a social evil. The male patient, after his unfortunate experience, will be more than willing so to instruct his sons, if he has them, that they shall not fall into the same trap. The young woman who has suffered a bitter personal experience because of previous ignorance of venereal disease can easily be made a propagandist

of social hygiene. In the clinic, then, is a select group which should be educated to the end that information concerning the spread and prevention of venereal disease may be widely disseminated. Unless the clinic is kept on a high moral and social plane, this important objective will not be achieved.

A final reason for maintaining a correct social atmosphere in the venereal disease clinic is that the dignity of the profession should be most scrupulously upheld here as everywhere else. The reputation of the medical profession must not suffer because of carelessness or thoughtlessness on the part of clinic attendants. The severe criticisms and satires of such writers as Shaw, Hubbard and others who have a wide following, aimed at members of the medical profession, are the result not so much of the scientific shortcomings of the doctor as they are of his social relations with the patient and the public. Perhaps most of the '*paths*' and '*isms*' would never have taken root had trained medical men paid more attention to the ordinary human relationships with those who had so little understanding of scientific medicine, and failed, therefore, to comprehend what seemed to them the foibles, inconsistencies, and weaknesses of doctors. The medical staff of the public venereal disease clinic can do much to demonstrate that medicine is, as is so frequently affirmed but seldom accepted, *a noble profession*.

## VENEREAL DISEASE AMONG PROSTITUTES

BENJAMIN MALZBERG

It is the purpose of this study to estimate as accurately as possible the amount of venereal infection among prostitutes; for if action against venereal diseases is to be based upon knowledge it is well that the latter be founded in fact. The bane of all social reform is exaggeration. This has had and will have but one consequence, and that is, to make the public indifferent to appeals. It is a fairly logical assumption that if every prostitute is diseased, as is often asserted, then at least an extremely large majority of contacts with her should result in infection. For example, were we to assume that there were 3,000 streetwalkers in New York City in 1917<sup>1</sup>, and that each exposed, on an average, five men per diem to infection, it would mean that in the course of a year 5,475,000 men were exposed to venereal diseases. If only one exposure in ten resulted in infection there ought to be at least 500,000 infections resulting from 3,000 streetwalkers. Every man who patronizes a prostitute feels that he does not run so high a risk of infection, and consequently is very likely to turn a deaf ear to the reformer who appeals to him through an emotion of fear produced by figures of this type.

It seems almost self evident that every prostitute must become diseased sooner or later. The New York County Medical Society states that "every prostitute acquires venereal disease sooner or later; hence all of them are diseased some of the time, and some of them all of the time."<sup>2</sup> And Dr. William P. Belfield, of Rush Medical College, is quoted as follows:—"Every prostitute, public or private, acquires venereal diseases sooner or later; hence, all of them are diseased some of the time and some of them all the

<sup>1</sup> See "Commercialized Prostitution in New York City: A Comparison between 1912-15." Bureau of Social Hygiene, 1917.

<sup>2</sup> Quoted in "Report on Vice Conditions in the City of Lancaster, Pa., 1913," p. 71.



time. The man who patronizes them risks his health at every exposure."<sup>3</sup>

The obvious thing to recall is that the prostitute is not a constant but a continually changing individual. The very nature of the relationship involved necessitates a constant influx of new women. Consequently, at any one time, there may be found girls who have just begun the career, and others who are just upon the verge of retirement. The latter class must be the one referred to in the above quotation. Any reference to the other type must be qualified, as the rate of infection will depend upon a number of varying items.

Chief among these is the factor of exposure. The more often a prostitute exposes herself, the greater is the risk she runs of becoming infected, exactly as in the case of the man. But the numbers of exposures are in their turn, dependent upon two other factors. First is the type which the prostitute allies herself with, and secondly, the length of time she devotes to prostitution. In estimating the prevalence of venereal diseases among prostitutes, cognizance must be taken of the fact that they do not form a homogeneous group. Kneeland divides them into three strata: (1) the higher priced prostitute; (2) the girl in the cheaper house of prostitution; and (3) the street girl.<sup>4</sup> They are sometimes classified as professional, occasional, and clandestine. These classifications can be made much more refined, if necessary. They are sufficient, however, to show how varied is the prostitute group. The point of interest is that the number of exposures will increase or decrease, in relation to the class with which the prostitute associates herself. The very high priced prostitute has the fewest exposures, whereas the girl in the cheap bawdy house is so exposed that freedom from infection is almost inconceivable. The street girl would rank between these two types.

The last factor in the problem, then, is that of time. We saw that in the first place the number of exposures varied with class.

<sup>3</sup> Quoted in "Report of Little Rock Vice Commission, May 20, 1913," p. 19.

<sup>4</sup> Kneeland, George J. "Commercialized Prostitution in New York City," pp. 107-8.

This, however, is not so constant a factor as time; for the longer the girl plies her trade, the more exposures she has and the greater the risk of infection. One element must not be overlooked. Examinations show that where the prostitute has been syphilitic for a number of years, open infectious lesions are likely to disappear, and "in the absence of these the disease is not transmitted. It is the young prostitute, the woman in the first few years of the business, who is the dangerous carrier of syphilis."<sup>5</sup>

These principles explain the variations in results, observable whenever estimates are compared. Thus Dr. Katharine B. Davis, in her chapter in "Commercialized Prostitution in New York City," says that only 50 out of 466 inmates of Bedford Reformatory, or 10.7% were free from venereal infection.<sup>6</sup> Drs. Jau Don Ball and Hayward G. Thomas report that among 320 prostitutes examined in San Francisco bawdy houses, only 3% failed to show evidence of syphilitic infection.<sup>7</sup> A Baltimore study of 289 girls likewise examined in bawdy houses showed that 177 or 63.2% had syphilis, that 92.1% had gonorrhea, that nearly 50% had both, and that only 3.39% were free from infection.<sup>8</sup> The Massachusetts Commission for the Investigation of the White Slave Traffic, so-called, states that of 80 prostitutes 70, or 87.5% were venereally infected in one manner or other. On the other hand, the Commission reports that of 90 girls just entering the life, only 56, or 67%, had one or both of the primary venereal diseases.<sup>9</sup> Vedder concludes that 50% is a minimum estimate of the prevalence of syphilis among prostitutes.<sup>10</sup>

It becomes apparent, therefore, that if there be any uniformity of results, it can be discovered only through an agreement as to

<sup>5</sup> William Allen Pusey, M.D., in "Syphilis as a Modern Problem," p. 114.

<sup>6</sup> See "Commercialized Prostitution in New York City," p. 190.

<sup>7</sup> Dr. Jau Don Ball and Dr. Hayward G. Thomas, in "A Sociological, Neurological, Serological, and Psychiatric Study of a Group of Prostitutes," *American Journal of Insanity*, April, 1918, p. 652.

<sup>8</sup> Winthrop D. Lane, in *The Survey*, March 25, 1916, pp. 744-49.

<sup>9</sup> "Report of Massachusetts Commission for the Investigation of the White Slave Traffic, So-Called," pp. 45-46.

<sup>10</sup> Vedder, E. B. "Syphilis and Public Health," p. 96.

usage of terms. One should state explicitly what group of prostitutes is under examination, before he attempts to generalize. It is evident that in order to obtain a true estimate of the amount of venereal disease among prostitutes, one must take a cross-section that will include as nearly as possible the correct proportions of the different classes of prostitutes. In other words, the group that is under observation must not be too heavily weighted by an element that has been unduly exposed to infection, or one that has been comparatively free from risk. We would expect a high proportion of diseased inmates at Bedford Reformatory as the process of commitment acts as a selective factor in segregating a highly exposed group. In the same manner, the San Francisco and Baltimore surveys demonstrate what we arrived at deductively, namely, that inmates of the cheaper houses of prostitution, being most often exposed, have the highest percentage of infection. On the other hand, prostitutes who have been placed on probation as first offenders usually include the new recruits, who are not quite so likely to be infected. We need a new method of selection that will provide a group typical of the entire heterogeneous class of prostitutes.

The Whitney Law in the state of New York created the opportunity for making such a test study. Under this law, passed in 1918, and amended under Chapter 2 of the Laws of 1919, any person suspected by the Board of Health, or health officer of a health district, of being venereally diseased can be detained for examination, and detained until the result is known. The law continues as follows:—

Every person arrested for vagrancy under subdivision three or four of section 887 of the code of criminal procedure or under section 150 of the tenement house law or under any statute or ordinance for any offense of the nature specified in subdivision 4 of section 887 of the code of criminal procedure or arrested charged with a violation of section 1146 or 1148 of the penal law, or any person arrested for frequenting disorderly houses or houses of prostitution, shall be reported within 24 hours by the court or magistrate before whom such conviction is had to the board of health or health officer of the health district in which the alleged offense occurred, and shall be examined in accordance with the provisions of the preceding section. For purpose of examination and diagnosis as provided in the preceding section, such person may be detained until the results of such examina-

tion are known. No such person shall be released from the jurisdiction of such court or magistrate until the person so convicted has been examined as provided for in the preceding section.

The New York City Health Department is thus required to examine every woman convicted of prostitution in the city of New York. There is every reason to believe that the individuals thus selected were entirely typical of the tenement house, street-walker and cheaper bawdy house types, who furnish by far the greater proportion of the known prostitute group and include the three classes mentioned above. The results of the first 2,000 examinations are stated as follows by Dr. Louis I. Harris, Director of the Bureau of Preventable Diseases, of the New York City Health Department:—

In a period of seven and one-half months terminating December 31, 1918, the Venereal Disease Division of the Bureau of Preventable Diseases examined a total of 2,070 women who are classed as convicted or suspected persons. Two hundred and thirty-four of these were brought to our attention through army officers. The results of the examination of these women to determine the presence of venereal disease may not be without interest to the medical profession.

*Syphilis.*—We found a positive Wassermann test, 2-plus or over, in 765 cases, about thirty-seven per cent; sixty-eight, or slightly more than three per cent of this group, had active clinical manifestations of syphilis; one of the latter had a negative Wassermann. The total number of those in whom we diagnosed syphilis as the result of laboratory test or clinical evidence was 795.

*Gonorrhea.*—In our examination as to the presence of gonorrhea, we obtained smears from the cervixes of all of the women examined. In 196, or approximately nine per cent, of these women, the smear was positive for the gonococcus. In 241 women, about twelve per cent, we found a positive gonorrhea complement fixation test. It may be interesting to note in this connection that only twenty-nine women in whom a smear was positive gave a positive gonorrhea complement fixation test. One hundred and eighty-two cases, nearly nine per cent, showed clinical evidence of gonorrhea, consisting of a discharge from the urethra, Bartholin's glands, or from the cervix, together with cervical erosions, and vaginitis. Of the 182 women who showed definite evi-

dence of clinical gonorrhea, a positive gonococcus smear was obtained in only twenty-five.

These observations are of interest and importance in connection with the attempts made by certain advocates to have the periodical examination of prostitutes and their certification undertaken by city authorities. In spite of studied attempts to improve our technic and the conditions under which we have obtained our specimens, we have not been able to secure a larger proportion of positive gonococcus smears even though the presumptive evidence that a large number of these women are gonorrhea carriers is very great.

The total number of gonorrhea cases, including those that showed positive laboratory or clinical evidence, was 542, approximately twenty-five per cent. Although in a few cases ulcers were observed about the genitals, they were of indeterminate character, and a definite diagnosis of chancroid could not be made with justice in any of the cases examined. The total number who gave evidence of having both gonorrhea and syphilis was 240, about eleven per cent. The total number whom we found to give evidence of gonorrhea or syphilis or both was 1,209, or approximately fifty-eight per cent.<sup>11</sup>

We may therefore conclude that about 60% of the general run of prostitutes at any one time are venereally diseased. This is certainly a high percentage, sufficiently high to warrant repressive action tending toward the elimination of the prostitute. If 60% of prostitutes are diseased, then it can readily be seen how high is the probability of infection through prostitution, while at the same time it affords a reasonable answer as to the problem of why not every patron of the prostitute is infected.

<sup>11</sup> Harris, Louis I. "The Venereal Disease Problem from the Public Health Standpoint," *New York Medical Journal*, March 29, p. 534.

## PUBLIC HEALTH EDUCATION AND THE AMERICAN ARMY IN FRANCE

CHARLES E. BARR

It is a trite saying that new conditions were presented by the war from day to day, but probably at no time during its continuance did they change so rapidly as in the period immediately succeeding the armistice. The army was organized for a special purpose, and that purpose had been accomplished. It was left without a specific aim, lodged in a foreign land and it was a physical impossibility to get it home at once. Each man in it felt that he was through and with the relief of the terrific tension to which he had been subjected, he was liable to explode. It is a difficult thing to demobilize any active organization, but in the case of our army, in unaccustomed surroundings, amid a people whose habits of life and thought differed so radically from our own, and in associations that loosened all the usual conventions of their lives, the dangers of demoralization were intensified.

At this critical time the War Work Council of the Young Men's Christian Association realized that its most important work lay ahead, and almost over night its whole policy and procedure were changed. It now began to plan for a period when the more drastic restrictions of military discipline would be relaxed and when men would have leisure that must be employed. Out of this grew the great organization that provided over 36,000 entertainments to the soldiers, that promoted the athletic contests which played so important a part in the life of the American Expeditionary Force, and that offered, in conjunction with the War Department, courses of instruction to every man in the expeditionary forces. In order that this education work might be made most effective the direction, and later the entire personnel of the instructors, were taken over by the army. The group of militarized civilians making up the personnel was called the Army Education Corps. The first two of these movements, (entertainment and athletics), rendered an incalculable service to

the army, but it is with the last of them, education, that we are now most intimately concerned.

The army presented a complete cross-section of the American people, including in its numbers every rank of society and every grade of intelligence and accomplishment. In it were vast numbers of illiterates as well as many possessors of high academic degrees. Any program that could appeal to all of these must possess compelling power and vital relation to a common interest.

The first attempt at a solution of the educational problem was made through the establishment of the American Expeditionary Force University at Beaune, Cote d'Or. In this school hundreds of instructors and thousands of students engaged in the study of subjects ranging from mechanic and industrial arts, to the highest ranges of philosophical thought that are found in our home colleges and universities. In addition to the "A.E.F. University," as it was called, a considerable number of ambitious young men were permitted to enroll in the universities of France and England, which freely opened their doors to them. But it was early recognized that while these afforded opportunities to some six thousand soldiers of freshman standing or better, there were hundreds of thousands still in the camps who were not touched. To reach these an extension service was organized with provision for instruction in agriculture, salesmanship, insurance, dramatics, citizenship, and other subjects. Very special emphasis was placed upon the instruction in citizenship and the Department of Citizenship of the "A.E.F. University" arranged to send to the camps, groups of qualified men to present directly to the men the problems that lie at the root of good government and worthy citizenship. The organization and duties of the army precluded an ideal arrangement, but after tentative attempts to establish longer "citizenship" schools, two-day institutes were finally adopted as offering the best solution in the existing circumstances.

Under this plan teams of five or six men were sent out by the Citizenship Department to the various camps to deliver series of eight lectures (comprising the two-day institute) to men who were regularly detailed by orders to attend. Each team had a

military director who established the liaison between the military and educational programs, and who attended to all the physical details. An educational director had complete charge of the educational work of the institutes, and he and the other members of the team constituted the lecturing staff.

A typical institute was conducted about as follows: lectures of from forty to forty-five minutes were given, followed by questions and discussions. The subjects presented were:—

- (a) Elementary principles and organization of government
- (b) Problems of government
- (c) International relations
- (d) Industrial conditions
- (e) Industrial problems
- (f) Causes of disease
- (g) Prevention of disease
- (h) Another lecture of related character, such as housing conditions, city planning, the government's agricultural program, etc.

The leading purpose throughout the instruction in citizenship was to emphasize the fundamentals: that in a democracy, government is by all; that each and every one is responsible for governmental acts, and that it is only as each and all work together that each and all will reap the rewards. The talks were not visionary; they were practical and dealt with practical ways of securing results. They were explanatory of the grounds of community and national action, showing many interrelations that were often obscured, and urged fullness of knowledge as precedent to action. In general, discussions were emphasized as much as the formal talks, for discussions and questions revealed the particular problems that it was best to meet in succeeding lectures.

The reaction of the men to these lectures was remarkable. Required to attend, as they were, many if not most of them came as to a disagreeable task, expecting to be bored and prepared to give anything but thoughtful attention. It is a tribute to the judgment of those who selected the lecturers, and even



more to the good sense and skill of the lecturers themselves, that almost without exception they quickly gained the attention and established sympathetic relations with their hearers. It is no small task to present such subjects as are indicated above in such a way as to enlist the interest of such a mixed audience, but interest was gained and held to a remarkable degree, and when the field was open for discussion, as soon as the first ice was broken, questions usually came thick and fast. The explanation is simple. These lecturers were interested in their subjects, but even more in the men before them. They believed they had a message to deliver and that that message was vital to their hearers and to the well-being of their country. In this spirit, "elocution" was abandoned, the eagle forgot to scream, and plain talks "right from the shoulder" and full of "punch" were delivered in a spirit of searching out the most helpful truth and making it clear and intelligible to all. It was demonstrated again and again that no principle is too recondite, no course of action so involved that simple statement, in simple words could not make it clear.

It is much to be regretted that this work was so short-lived. The rapid breaking up of the A.E.F. brought the work to a close about two months after it was launched. Probably a like opportunity of reaching all classes of citizens may never be offered again. The men from every organization in the various camps visited were regularly detailed to attend and the details included large numbers of men who can scarcely be expected ever again to be reached by such educational lectures. They simply don't go to such things of free choice.

The success of the experiment in citizenship lectures reinforces the argument of those who have pleaded for a more general educative campaign among the people. The method used was effective. This no one who observed the work doubted, though many were skeptical, at first, of the possibility of enlisting the attention of large groups of men of all degrees of education and lack of education. The results were impressive.

In the citizenship programs, the lectures on public health occupied a prominent place. It was based upon the experience of medical officers and company commanders not only in the A.E.F.,

but in the United States as well. Excellent lectures had been given to the army at home and abroad on venereal disease, but as the broader program of health instruction developed, the problem of the control of venereal disease took its place as one of the subjects (and an important one) with which the program concerned itself. The advantage of dealing with the subject of public health as a feature of good citizenship became very evident. Collateral material could be introduced, which would lend weight to the whole health discussion, including that of venereal disease and prostitution. Lecturers were coached in making the most of this advantage.

Under the able leadership of Lt. Col. William F. Snow the work of the Bureau of Public Health, as a part of the Department of Citizenship, was thus extended to cover the main outstanding facts as to the causation and prevention of disease. A finely conceived syllabus was prepared by Captain Walter Clarke which served as the basis of these lectures. This outline is so comprehensive and so practical that it is here presented in its entirety.

## LECTURE I.

### HOW DISEASES SPREAD

#### 1. *Introduction*

- (a) Army requires men of sound health.
- (b) Soldier's responsibility when he returns home.
- (c) An enemy stronger than the Germans and more difficult to fight.
- (d) No peace, no armistice with disease.

#### 2. *Universal presence of germs.*

- (a) In mouth.
- (b) On fingers.
- (c) In air.
- (d) On food and drink, etc.

#### 3. *Harmless and harmful germs.*

- (a) Most germs harmless, some useful.
- (b) Harmful germs, degree of malevolence.
- (c) Shape, size, life of germs; how killed.
- (d) Disease and climate.

#### 4. *How germs enter the body.*

- (a) Through air passages.
- (b) In food and drink.
- (c) By contact, through the skin.
- (d) Most diseases spread from one animal to another.

5. *Diseases of the air passages of body.*
  - (A-a) Tuberculosis (enters body through air, meat, milk).
  - (b) How it attacks the body, lungs, bones, etc.
  - (c) Conditions favoring spread of tuberculosis.
  - (B-a) Influenza; coughing, sneezing, crowds.

## LECTURE II.

### THE WAR AGAINST DISEASES

1. *Introduction.*
  - (a) Health man's greatest asset.
  - (b) Value of health to a community.
  - (c) Healthy cities; examples.
  - (d) Unhealthy cities and communities; cite Panama Canal construction, and other examples.
  - (e) The connection between health and progress.
2. *Methods of fighting disease.*
  - (a) Treatment of the sick.
  - (b) Control or extermination of carriers.
  - (c) Vaccination.
  - (d) Laws and regulations.
3. *Treatment of the sick.*
  - (a) Importance of early attention.
  - (b) Honest physicians.
  - (c) Quack doctors and patent medicine.
4. *Carriers: how controlled or exterminated.*
  - (a) Insect and animal carriers; flies, mosquitos, rats.
  - (b) Extermination of above carriers; swamps, open sewers, garbage, California fight against bubonic plague.
  - (c) Human carriers; ancient example of leprosy, how handled, modern method of isolation and quarantine.
  - (d) Types of human carriers; smallpox, venereal disease; how they are handled.
  - (e) Changing conditions producing disease carriers of all kinds.
5. *Vaccination and prophylaxis.*
  - (a) Respiratory diseases; first in number killed outright.
  - (b) Pneumonia; chill, exhaustion.
  - (c) Diphtheria; once very serious disease.
6. *Food and drink diseases.*
  - (A-a) Typhoid; disease of the intestines.
    - (b) How carried; waste from body, water, flies.
    - (c) Conditions favoring spread of typhoid.
  - (B-a) Diarrhea; not usually serious, how carried.
7. *Contact diseases.*
  - (A-a) Venereal diseases; syphilis, gonorrhea.
    - (b) How spread; sex intercourse, innocent infection.
    - (c) Description of syphilis; called "camouflage disease."
    - (d) Effects; great seriousness of same.
    - (e) Gonorrhea; description, serious nature of same.

- (f) Venereal diseases and family health.
- (Ba) Hookworm; how it spreads; effects.
- 8. *Diseases not caused by germs.*
  - (a) Cancer; description of same.
  - (b) Heart diseases; strains, alcohol, coffee, tobacco.
  - (c) Kidney diseases; overeating, constipation, etc.
  - (d) Industrial poisoning, etc.
- 9. *General predisposing causes of disease.*
  - (a) Dissipation.
  - (b) Overeating.
  - (c) Constipation.
  - (d) Fatigue.
- 10. *Sane and regular living the first step in preventing diseases.*
- 11. *The great cost of disease.*
  - (a) The principle of vaccinations.
  - (b) Vaccination against typhoid; duration of effectiveness.
  - (c) Vaccination against smallpox; duration of effectiveness.
  - (d) Diphtheria serum.
  - (e) Vaccination a great factor in combating disease. Make comparisons of past epidemics with present condition in army.
  - (f) Prophylaxis against venereal diseases. Explain principle and necessity for early application.
  - (g) Government's attitude toward prophylaxis; contenance the best and only certain preventive.
- 12. *Health laws and regulations for protection of whole community.*
  - (a) Protection of water supply.
  - (b) Protection of milk.
  - (c) Protection of meats and other foods, in preparation and in vending.
  - (d) Sewerage and garbage disposal.
  - (e) Housing; air, light.
  - (f) Smoke as a factor in health of city; smoke consumers.
  - (g) Laws against crimes related to disease; prostitution.
- 13. *The health department; why needed; its duties.*
  - (a) Control of disease carriers.
  - (b) Clinics and dispensaries, sanatoria.
  - (c) Health regulations and laws.
  - (d) Education the greatest duty of health department.
- 14. *Community action.*
  - (a) Better living and working conditions.
  - (b) Reasonable hours of labor.
  - (c) Adequate wage.
  - (d) Good housing.
  - (e) Recreation of wholesome type.
- 15. *Health and good citizenship.*

While the outline as given above was substantially followed by all the speakers, the previous training and experience of each

naturally modified the presentation. Special circumstances in the camps or among the men often led to considerable difference in the emphasis on particular points (as when addressing prisoners, or venereally diseased men), so that each series really came to constitute a separate course especially adapted to the conditions at hand.

It is the firm belief of the writer that these lectures have done great good. The causes of disease are often obscure to the layman and he falls into ill health through his own ignorance or inadvertence. Education of this sort, popularized, yet losing nothing of scientific accuracy in its presentation, cannot fail to produce results of cumulative importance in the years to come, wherever these men of the A.E.F. are found. Many will forget parts of them, but others have clearly grasped the principles of disease control and are prepared to put themselves behind an aggressive movement to improve conditions in their home communities.

There is a vital need that this combination of citizenship and health be introduced into our schools and colleges. Such instruction as has been given has been largely confined to very ordinary fields of hygiene and civics, and it has been woefully deficient in the extent of the ground it has covered and in the emphasis that has been placed upon it. While some of these questions must be handled with much tact, their importance has been revealed as never before by the results of the physical examinations of the millions drafted from civil life into the army. We can no longer close our eyes to the plain duty that devolves on us to push this cause to its full fruition.

## A HISTORY AND A FORECAST

### THE STORY.

There was a time, well within the memory of most adults, when practically every American city had its red-light district. It was a "necessary evil," in public opinion. Now and then someone ventured to protest against its existence, but he was promptly cried down by those who considered themselves practical men, unwilling to flinch from reality, wise in the ways of the world.

"You can't change human nature," was their refrain. If "the line" were abolished, worse things would take its place. It was necessary to men—indeed, they even argued that it was necessary to women, a few of whom had to make a sacrifice to protect the rest.

Cities licensed "the business," as prostitutes call their profession. Fathers not rarely gave money to their adolescent boys and advised a visit to some parlor-house as a means of sexual education and "to preserve their health."

The institution of "white slavery" had its apologists just as had chattel slavery in the South a generation before. It always had existed; it always must exist; some persons were born different from others and intended by nature to be slaves; interference with it would destroy property values; prostitution was "the oldest business in the world," anyhow; no one but a visionary would think of interfering with the *status quo*.

Then slowly, here and there, the light of scientific inquiry was turned on "the district." Its white beams made the red lights look redder than before—an angry, bloody, unhealthy red. Some thoughtful persons became uneasy. Perhaps they had been misled into thinking that this ancient institution could not be interfered with. It ought to be looked into.

Investigations began. They were made by intelligent men and women who represented all sorts of professions and interests.

Indeed, aside from a desire to learn the truth, the various investigating committees in America have had only one thing in common: whatever their previous convictions, the members always finished their investigation with a profound conviction that the whole theory of a "necessary evil" was false.

They found that this supposedly fundamental social institution was a most artificial product. It existed solely by virtue of political corruption, stimulation of trade through advertising, and a white slave traffic to supply the artificially created demand.

The revelations of these committees furnished material to suit the most lurid journalist or novelist for many years. But if they presented a picture that was terrible and heart-stirring, on the other hand they gave ground for intelligent belief that the monster was not invincible. Its legend was a superstition of a primitive society.

The men of one Australian tribe were taught that if any of them should allow a woman to see the sacred ritual paraphernalia he and his mothers and sisters would drop dead. For a long time this taboo was entirely effective. No one dared take the risk. But when some man finally did show the sacred sticks to a woman and nothing happened, the bogey died a sudden death.

So Americans began to brush away the cobwebs of superstition and to consider the subject in the light of reason. They saw that cities which had no commercialized prostitution were not given over to crime and debauchery,—in fact they seemed to be better off. The investigating committees reported that prostitution was not a necessary evil; that it was *an absolutely unnecessary evil*, and much more evil than had been realized: for practically every prostitute was found to be diseased, and the much-talked-of "medical inspection" was seen to be futile if not, as most frequently, dishonest.

Out of the various suggestions made to eliminate this "social evil," two general lines of campaign developed in America, as they had somewhat earlier in England. One endeavored primarily to repress prostitution and abolish the white slave traffic; the other to spread education regarding sex and the venereal diseases. In America the outstanding pioneers in connection with

these movements, even from the earliest days, represented many different professions and interests. These men and women created a number of local organizations which gradually coalesced in two national bodies, representing the two branches, the American Vigilance Association, fighting prostitution, and the American Federation for Sex Hygiene, fighting sex ignorance and disease.<sup>1</sup>

These two national societies prosecuted their work with success until it became clear in 1913, that the community of interest between them made advantageous a merger into one greater and stronger society. A joint meeting of the American Vigilance Association and the American Federation for Sex Hygiene was called at Buffalo, and there a union was effected under the name "social hygiene," first used by a Chicago society. Thus in 1914 "The American Social Hygiene Association" came into existence under the membership corporations law of New York state, taking over the fields of work, the problems and the obligations of both the parent organizations. Later the national association merged with the New York Social Hygiene Society, which was one of the oldest bodies in the field of social hygiene, having been founded (1905) by Dr. Prince A. Morrow under the name of the Society of Sanitary and Moral Prophylaxis. Historically the consolidation of the two wings of the attack on the multitude of social hygiene problems must be considered of great strategic value, making for unity of action and breadth of scope.

At the beginning of the war, the American Social Hygiene Association had become definitely established as the representative national association dealing with problems constituting the general field of social hygiene. But the question of combating

<sup>1</sup>The American Federation for Sex Hygiene was formed June 6, 1910, by a union of the following organizations: American Society for Social and Moral Prophylaxis, Pennsylvania Society for the Prevention of Social Diseases (1906), Maryland Society of Social Hygiene (1908), California State Society for the Study and Prevention of Syphilis and Gonorrhea (1910), Colorado Society for Social Health, Texas State Society of Social Hygiene (1910), Connecticut Society of Social Hygiene (1910), Indiana Society of Social Hygiene, St. Louis Society of Sanitary and Moral Prophylaxis (1909), Chicago Society of Social Hygiene (1907), Spokane Society of Social and Moral Hygiene (1908), Milwaukee Society of Sanitary and Moral Education (1907). Each body retained its autonomy within the national organization.



venereal diseases had become so imperative that a large part of the time and effort of the Association was being directed toward this one object. Each additional bit of evidence and research showed conclusively that the menace of syphilis and gonorrhea had assumed alarming proportions; yet there were few serious diseases with which medical science was better qualified to cope, so far as technical knowledge alone went. Everything necessary was known about the mode of infection, the methods of diagnosis, and the methods of treatment.

The American Social Hygiene Association had long been urging that the failure of civilized nations to deal adequately with these diseases was due to a failure to regard them from the point of view of preventive medicine. The most important thing, it argued, is to prevent people from being exposed to infection. Now it was thoroughly demonstrated that syphilis and gonorrhea are spread mainly by prostitutes; that practically every prostitute is infected. And theory and experience alike had shown that it is entirely possible, by the application of a well-planned, many-sided program, to prevent men from exposing themselves to prostitutes. In this way the causes, rather than merely the effects, were reached.

Meanwhile, the European nations at war had been suffering losses from venereal disease which enormously decreased their efficiency in combat. Military and civilian alike in the United States felt that the army which this nation was raising could not be wasted by exposure to the ravages of diseases that are entirely preventable; and the nation's men of science were called on to outline measures by which this loss of man-power could be avoided.

The trained personnel of the American Social Hygiene Association nearly all volunteered for service in the army or navy and became assigned to the combating of venereal diseases. The Association secured from private sources some half a million dollars with which it was able to supplement the governmental efforts by coöperating with official agencies that were promoting the campaign in and around military and naval establishments.

The measures adopted were so successful that the losses in

efficiency were kept below what any one had expected, and it came to be generally realized that, while there is no single panacea for the venereal diseases, they can be kept in control by a fourfold campaign that embraces law enforcement, medical treatment, sex education, and wholesome recreation,—a program that is now often spoken of as the “American plan.”

The Association is now back on a peace-time program, but greatly enlarged and strengthened by its own experience as well as that of the nation generally during the war. The program of which it has long been an advocate has proved itself successful beyond all expectations, and has been adopted in substance and expressed in terms of legislation and administrative organization by almost every state in the Union. The Association finds, however, that the need for its services is increased rather than diminished by the extension of public interest in the problems to which it is devoted, and that its aid in creating public opinion, in testing out new methods and examining new experiments, is felt by official and unofficial agencies alike to be more useful than ever.

#### THE WORK

Social hygiene divides into many sections, each presenting a somewhat specialized field of work, but all directly related. The central purpose uniting them is the cultivation of a healthier, more normal sex life among people generally, and conversely the elimination of prostitution, venereal diseases, and pathological sex conditions of whatever type.

While the development of a campaign against prostitution and its attendant venereal diseases deals with only a part of social hygiene, the Association has made this its main activity, because of the urgency of the need, and because few other agencies were devoting attention to it, as they were to many other parts of the subject. Ignorance, prudery, bigotry, indifference have allowed syphilis and gonorrhea to flourish; the Association is showing to communities the price that they pay and the relative ease with which this payment can be avoided, if the well-tried measures that have succeeded in the past are efficiently applied. In particular it is believed that the campaign against venereal diseases

should be made an integral part of the entire public health work of the community; that syphilis and gonorrhea should no longer be distinguished as "secret diseases," to be mentioned only by evasive names, and left to quacks and patent medicine manufacturers for treatment. When they are recognized calmly as dangerous, infectious, but preventable diseases, just as are typhoid and smallpox; when they are given their due share of attention without hysteria or guilty whispering; the battle against them will be as good as won.

In practice the problems of prostitution and venereal diseases are hardly separable. They form a many-sided menace, which can be overcome only by a many-sided campaign. Any effort that neglects either law enforcement, medical measures, education, or recreation is likely to fail. The Association is constantly insisting on all of these phases, although leaving recreation in the hands of agencies whose energies are wholly devoted to that subject.

#### *Law Enforcement*

To reduce commercial prostitution to a minimum, and to prevent the creation of new prostitutes, is the first step taken by most communities that are endeavoring to improve their social hygiene; hence the necessity for the Association's Department of Investigation and Law Enforcement, which is a strong one. Its trained investigators will, when desired, make a report on conditions in any community; such a report is sometimes requested by aroused citizens who want to stir their lethargic officials to action; sometimes officials eager to discharge their duty seek it to gain the backing of an unenlightened public opinion. In either case the department is able to show what measures have proved effective in other communities, and what measures have failed. Sometimes a local committee is formed to back up honest officials and proceed against the dishonest. Material aid is given in the drafting of new ordinances and laws and in devising means for proceeding against those who fatten indirectly off the profits of prostitution and are its chief bulwark in most communities. Coöperating closely with the United States Public Health Ser-

vice and the United States Interdepartmental Social Hygiene Board, the department is ready to act in an advisory capacity in all matters pertaining to the enforcement of laws which fall in the general field of social hygiene.

While keeping a city clean is like keeping a house clean, a job that can not be done once for all, but requires constant vigilance, yet abundant experience has now proved that it is much easier than sometimes supposed, to repress prostitution. It can only exist with police protection, active or passive; and when commercial prostitution exists in a city, it is there because public opinion is willing to have it there; not because it is unavoidable.

### *Medical Activities*

The medical work of the Association is carried on in the closest coöperation with federal agencies and the various city and state health departments. In this field the Association acts as a clearing house of ideas, circulating information regarding better methods of treating those infected with venereal diseases. This applies especially to the sociological and psychological treatment of the patients themselves, which is now a recognized part of public health administration. The medical staff of the Association gives especial attention at present to encouraging communities to establish model venereal disease clinics as part of their public health administration, and to instituting adequate follow-up work in all places where syphilis and gonorrhea are treated, for much of the damage done by venereal diseases comes through persons who think themselves cured, but are not. The advice of this department on the medical aspects of the Association's educational and law enforcement work is at all times an important function.

While the isolation of the carriers of infection is, from a medical point of view, the most important measure to control the spread of venereal diseases, and while prostitutes are by far the most important carriers, the Association is insisting that there be no sex bias, and particularly that men should be dealt with in the same spirit as women. Under the American plan, men found with prostitutes are also examined for infection, and if found in-

fects are equally obliged, under supervision of the local health officer, to take treatment until cured. Likewise, when the prostitute is convicted and punished for violating the criminal code, her male companion is given a similar sentence. Altogether apart from the abstract justice involved, experience has abundantly proved that one of the quickest and easiest ways to reduce the volume of prostitution and the spread of venereal diseases is to make men recognize that the laws apply to both sexes alike.

### *Educational Work*

Pamphlets, motion pictures, special exhibits, and lectures are used in educational work. Every effort is being made to have this material presented forcefully to the general public, but without either sensationalism or prudery. The Association is now returning to the past emphasis on sex education in institutions for formal instruction, namely high schools, normal schools, colleges and universities. Much has been done of late to reach men and women in industry and this will be continued, but another field requiring study and experiment is now ready for cultivation: the efforts to direct the attention of parents to the vital importance of instructing children in matters of sex health and morals are being renewed and redoubled. Great assistance is expected to result from the research of the Interdepartmental Social Hygiene Board in the matter and methods of sex education. The Association is coöperating fully in this research, having undertaken not only general assistance wherever possible, but in particular to develop the motion picture as a method of instruction.

### *Department of Public Information*

This department was organized in 1917 as the Committee on Civilian Coöperation in Combating Venereal Diseases, of the Medical Section, Council of National Defense. In 1918, it became the Section on Men's Work, of the Social Hygiene Division, War Department Commission on Training Camp Activities. Early in 1919 it was transferred to the American Social Hygiene Association.

The primary purpose of this department is to "sell" social

hygiene to the public, just as an advertising agency may undertake to sell household goods or wearing apparel. It intends to create a demand for a new article. Once the public has been interested to the point of desiring further particulars it is referred to the specialists of other branches of the Association, or to the local or state boards of health particularly concerned, or to the United States Public Health Service.

Beyond this, the department has, of course, been able to be of much use in getting public opinion to back up legislative or other campaigns, in providing proper information to the public press or correcting erroneous impressions arising from "quack" advertising which has also been openly fought, and in prompting community activities. Indeed, its scope is continually expanding.

The educational and medical service campaign started on a large scale in industrial establishments during the war as a means of reducing venereal diseases, is being continued by a section of this department. A standardized industrial program approved by the Surgeon General of the United States Public Health Service is produced by this section and is being placed in the hands of all employers who can be reached.

The department is equipped for close coöperation with governmental agencies. Detailed to it is a coördinating officer of the United States Public Health Service whose duty it is to synchronize the activities of the Association with the general program of the federal government.

#### *The New York Department*

As a lineal successor of the former New York Social Hygiene Society, the Association has a New York Department to carry on work in the metropolitan area. This department is studying the agencies at work in New York City (in collaboration with the Bureau of Social Hygiene) and is aiding wherever possible to make their work more effective. Its most important opportunity, however, is to study experimentally the effect of different measures in a community that offers almost every possible variety of population and environment. Experiments can be made here as in a gigantic laboratory, and the probable success or failure of

new methods of education, for instance, can be much more accurately predicted after such an experiment.

### *Other Branches of Work*

*Protective Social Measures.* Among the other activities of the Association, one of the most important concerns protective social measures which may prevent girls from drifting or being dragged into a life of prostitution, and which will rehabilitate them, if they have gone into prostitution. The Association is carefully studying the work that has been done in American communities along these lines, and is giving the results of this study to communities that want to cut down the supply of prostitutes, as well as the demand for them. The growing realization that most prostitutes are either feeble-minded or otherwise of abnormal mind, gives an increased interest to this kind of work.

*Collection of Social Statistics.* Phases of social hygiene comparatively new for the Association, but always recognized as a part of its general field, are the problems centering in the protection of the family as an institution. These phases include marriage, divorce, desertion, illegitimacy, prevention of conception and other means of family limitation. A new branch of the Association deals with these subjects, beginning with a painstaking study of conditions and with an attempt to correlate the numerous agencies working for the protection of the family. It will be necessary, before substantial results can be accomplished, to secure a consensus of opinion on the part of many organizations, which may be directed toward any changes found to be sound and helpful. To secure well-founded conclusions upon which modifications of law may be advocated will require considerable time. For the present, therefore, this division of the Association is engaged mainly in research, organization and conferences.

*Periodicals.* The quarterly, *SOCIAL HYGIENE*, and the monthly *SOCIAL HYGIENE BULLETIN*, are important features of the Association's campaign for enlightenment. *SOCIAL HYGIENE* is a publication given over to the discussion of the fundamental problems of the field. In it are published the results of research and

experience and accounts of developments of first importance. The *BULLETIN* is a newspaper presenting to its readers the current events in the field each month.

*Library.* The Association's library contains several thousand volumes and many more pamphlets. The collection is especially interesting and strong on the subjects of prostitution (including both confidential and official reports), sex education, and venereal diseases. Laws relating to these questions are also on file. Another section of the library contains valuable works on adolescence, biology, feeble-mindedness, marriage, divorce, heredity, and eugenics. Reports from many charitable and reform institutions add much to the statistical data available.

Although intended primarily for reference use, books are freely lent to teachers, students, lecturers, parents, and those interested in any phase of social hygiene. In addition to the books a valuable lantern slide collection is maintained and constantly added to. Those at a distance desiring books may secure them by mail.

*International Relations.* Since its foundation, the Association has kept in touch with foreign associations working in similar fields, and has been able to afford much aid to those in other countries. It has had a representative in France from the beginning of the war, and sends special representatives to other countries from time to time, to report on progress there and exchange ideas. At the present time Latin America and the Orient are particularly looking to the United States for information as to how they can decrease their losses from syphilis and gonorrhea and the Association is giving every assistance possible to groups in these countries.

#### SERVICE

The Association gladly extends all possible help to individuals and to private or public organizations interested in any branch of social hygiene work.

Particularly does it wish to coöperate with groups in formation or already organized for the repression of prostitution and the control of venereal diseases; and with more general groups such as parent-teacher societies, educational clubs, and settlements.



Correspondence regarding activities, materials, and methods is invited from every quarter.

A community plan for organized social hygiene work is available in printed form, and many local committees are working effectively along the lines outlined. Reading courses, books, pamphlets, papers, pictures, lantern slides, films, lectures—these are a few of the special service features of the Association.

Field representatives and workers are available from or may be secured through the Association, capable of coping with the many problems presenting themselves to those interested in the community problem.

#### MEMBERSHIP AND ORGANIZATION

Membership in the American Social Hygiene Association is open to any man or woman in this or any other country who believes that the broad principles of social hygiene should be energetically advanced in every way consistent both with established procedure and with new methods which give assurance of promoting social health and well-being.

The members elect annually a president, vice-president, secretary, treasurer, and one third of a board of directors of twenty-one. The directors serve three-year terms, meet quarterly, and elect annually, upon nomination by the president, an executive committee of seven of their number. To the executive committee is entrusted the immediate supervision of all Association activities.

Members receive all periodicals and other publications of the Association, including its quarterly magazine, *SOCIAL HYGIENE*, and the *SOCIAL HYGIENE BULLETIN*.

#### PURPOSES

The American Social Hygiene Association, Incorporated, is not a stock company and is not in business for profit. It is a membership corporation organized under the laws of the state of New York.

The articles of incorporation, as filed in March, 1914, state the

purpose of the Association to be: "To acquire and diffuse knowledge of the established principles and practices and of any new methods which promote or give assurance of promoting social health; to advocate the highest standards of private and public morality; to suppress commercialized vice; to organize the defense of the community by every available means, educational, sanitary, or legislative, against the diseases of vice; to conduct on request inquiries into the present condition of prostitution and the venereal diseases in American towns and cities; and to secure mutual acquaintance and sympathy and coöperation among the local societies for these or similar purposes."

#### A FORECAST

The war gave a mighty forward shove to the social hygiene movement. Under the pressure of necessity great advances were made and public opinion followed close behind. Men and women displayed a surprising willingness to handle without gloves a subject formerly considered unmentionable. Certainly a fair promise of success in fighting venereal diseases has been attained under war stimulus. But peace must carry on with greater intensity a work which calls for a redoubling of effort on the part of the public.

What will the future be? From the great mass of evidence at hand it seems certain that the United States will assume a place of leadership among nations in the war for national health. It is not too optimistic to picture a time in the future when every community will have learned the necessity for, and the value of keeping clean.

There are many hopeful signs pointing to a time when commercialized prostitution will have disappeared; when communities will provide adequate and really desirable recreation and amusement for the well, and scientific treatment for the sick, and when both youth and adult will receive sound education in order that all may contribute in a larger measure to the welfare of society.

It will always be the aim of the Association to coöperate with

governmental and private agencies, to give the broadest possible publicity to the vital facts concerning prostitution and venereal disease, to encourage sound sex education, to bring communities to their own relief through their own efforts, and to give help to every forward effort, however small.

To fulfill its aims and trust, the Association must have the support of all who are building for the future.

## PIONEER EXPERIENCES

The experiences of early leaders in any social movement have a certain historic interest to those who follow them and "carry on" in the campaign which the pioneers inaugurated. In the field of social hygiene these experiences sometimes had the nature almost of adventure, and those who sponsored the first assaults on prostitution and venereal disease must be looked upon as missionaries. For them the dangers to reputation and to peace of mind were quite as great as the physical hazards run by the early representatives of the Christian church among savage peoples. It took unique courage in the old days to question the established method of dealing with prostitution; only persons of strong convictions and prophetic vision dared throw themselves against the inertia of public opinion.

If one could penetrate sufficiently into the experiences of the pioneers of social hygiene to distinguish the underlying motive forces, one could pick out, and perhaps appropriate for future use, the types of approaches and appeals which win strong men and women to the support of a heroic cause. One is reminded of Lincoln's experience in the New Orleans slave market, which caused him to swear that if he ever had an opportunity to enter the lists against human slavery he would strike with all his might. Many persons who have taken up arms against prostitution, the white slave traffic and venereal disease have had a psychological adventure similar to that of Lincoln, an experience which seemed to dramatize for them the whole vicious traffic in bodies and souls. In analyzing the decisive experiences of the great leaders of the social hygiene movement in the United States, one can distinguish at least three general influences which crystallized into a determination to fight for cleaner and more just social dealings with the problems of prostitution and venereal disease. These are, first, contact with the effects of ignorance and lack of protection as they become manifest in educa-

tional and social work; second, contact with inspiring personalities, such as Dr. Prince A. Morrow; and third, contact at first hand with persons who have been caught in the traps of the "white slavers," forced involuntarily into a life of prostitution, or innocently or through ignorance infected with syphilis or gonorrhea. The human tragedies due to ignorance, the social injustice, the waste of human life and happiness, the outrage of an instinct beautiful and good in itself—these appealed irresistibly to the early pioneers of social hygiene.

In the following informal accounts, written in answer to inquiries from the editors of *SOCIAL HYGIENE*, one can find the elements which must be reproduced today in the appeals to the American public, elements which will arrest attention and secure support. First are the stories of three university and college presidents, prominent in many useful movements of the day. They came into contact with the problems of social hygiene as they appear in the typical American student body. Then follow a university professor and two physicians who came into contact with dynamic personalities which stimulated their interest in the campaign against prostitution and venereal diseases as one of the crying needs of their day. Next is the brief statement of a leading official who saw, during his long and diverse public service, the need for social hygiene work, welcomed the efforts of private organizations, and supported their endeavor to secure government action in combating venereal diseases. Following this are the stories of two social workers, one then a health officer and the other then the head of a great settlement, who had their attention called to the need of social hygiene work by coming into personal contact with the results of prostitution and the venereal diseases. And last are the accounts of two gentlemen, prominent in the affairs of their communities, who were faced with the local problems of prostitution. They found in the organized church the most effective weapon for dealing with these problems.

The readers of *SOCIAL HYGIENE* are invited to discuss the narratives and to submit additional information bearing upon them or upon the reader's own experiences in the early days of social hygiene.

## PRESIDENT EMERITUS CHARLES W. ELIOT, HARVARD UNIVERSITY

My interest and faith in the contest against prostitution and venereal disease have been a gradual growth. When I became president of Harvard University in 1869, there was no instruction in human physiology open to students in Harvard College; and it was not till 1872 that a single course in comparative anatomy and physiology open to undergraduates, was announced. It began with two remarkable teachers, Dr. Thomas Dwight in anatomy and Dr. William James in physiology. This course never attracted a large number of students; but it has been continuously given, with some modifications of title and scope, down to the present day. Dr. James gave it most of the time down to 1880, when he was transferred to the Department of Philosophy. Its present form is a half-course under the title of "Hygiene" given by Dr. Roger Irving Lee, professor of hygiene.

The gentlemen who gave this course were much impressed with the dense ignorance of their pupils on the whole subject of human physiology and hygiene. No instruction was then given in those subjects to pupils in the preparatory schools, or in any part of the American school system. Through conversation with these teachers, with parents whose sons went astray during their college life, and with young men who had acquired bad habits in college or earlier, I learnt that a deplorable number of young men who had not inherited from their parents strong protective instincts, became victims of venereal disease, because they accepted through ignorance and thoughtlessness certain common sayings and beliefs about sex vice. Such, for example, were the following: sexual intercourse is necessary to health and manly vigor; it is a mark of enterprise and a good sign in respect to health and boldness to have had illicit intercourse with women; gonorrhea is of no more consequence than a cold. The young men who accepted and acted upon these illusions had received no adequate instruction on sex matters in their schools or colleges, or in their churches and Sunday-schools. In all these institutions a policy of strict silence prevailed about the sexual vices and diseases; and very few parents were either competent or willing to give the needed instruction and warning. They, too, had been brought up under this same policy of silence.

When I saw how many personal and family disasters of the gravest sort resulted from sheer ignorance and folly, I became interested in the early attempts to break this policy of silence. Dr. Prince A. Morrow, of New York, was the pioneer in organizing societies for the teaching of sex hygiene and sex education. He got together first a New York

society for this purpose, and then a national society, the first meeting of which was held in St. Louis. I was glad to be of some use to him in the organization of these societies, and in obtaining audiences for himself and other speakers on behalf of these organizations and their work. Dr. Arthur T. Cabot, instructor in genito-urinary surgery in the Harvard Medical School from 1885-1896, and a fellow of the Harvard Corporation from 1896-1912, was a firm believer in the necessity of replacing the policy of silence by a policy of universal instruction in sex subjects to be given with delicacy and reserve to the two sexes separately. He interested me in the work of the American Federation for Sex Hygiene, later the American Social Hygiene Association, a promising organization much obstructed in its work by the intense conservatism of the teaching profession.

At about this time there appeared the report on prostitution in New York City published by the Bureau of Social Hygiene. This was to many American thinkers a revelation of the unimagined horrors of commercialized vice. One of the facts mentioned in this plain-speaking and careful report was that at least three-fifths of the prostitutes in New York City were feeble-minded women and girls for whom the state legislatures have supplied no adequate protection from the vilest and most brutal kind of pimps.

About the same time I was active in the organization of the Massachusetts Society for Social Hygiene, and there learned by experience how few persons in the best American communities were willing to give money to promote the knowledge of social hygiene, and how few educational and religious organizations there were that dared to have the subject mentioned in their open meetings. Suddenly the American communities were greatly enlightened concerning the intense need of suppressing prostitution by the experiences of the twenty thousand American troops that were stationed on the Mexican border to resist incursions of Mexicans into the United States. These troops were partly regulars and partly national guardsmen. The commanders of the regular army units permitted villages of prostitutes to be established within a few steps of their camps. Some of the commanders of the national guard regiments kept prostitutes away from their camps by force. The difference in the prevalence of venereal disease among troops treated in these two different ways was very striking; and the facts became publicly known throughout the country.

Next came the draft for the national army, which involved the medical examination of several million young men drawn from all classes of

the population. The facts then published about the prevalence of the venereal diseases throughout the country and in all sorts of American communities, urban and rural, farming, industrial, and commercial, suddenly opened the eyes of the American people to the extent of the existing evil, and the extreme urgency of applying the remedies, both the immediate and the far-reaching. The policy of silence thereafter has had few defenders. Families, schools, churches, clubs, social organizations of all sorts, and the authorities of the army and navy became eager to protect society against these appalling evils, and to learn how effective prevention and protection were to be secured. The United States Government, through its medical services, took active measures for the repression of prostitution in the neighborhood of all the cantonments, engaged actively in the work of informing all enlisted men about the sources and consequences of the venereal diseases, and used military force to prevent the infection of soldiers and sailors of all ranks. These measures had a prompt success, and demonstrated that by the use of military and police force the number of cases of venereal disease can be much reduced, and hence that their prevalence and spread can be greatly diminished, if the conscience of the community and its young men can be roused by a strong feeling like the desire to be "fit to fight."

In these new activities of the national government, Dr. William F. Snow, executive officer of the American Social Hygiene Association, has had an important part both in this country and in France; and he is still influential in carrying over into peace times as much as possible of the hygienic work which the government has done during the war. As I had some responsibility for bringing Dr. Snow from an excellent position in California to the secretaryship of the American Social Hygiene Association in New York, I have naturally watched his serviceable and instructive career with keen interest.

Since April, 1917, all the societies for social hygiene have been overwhelmed with demands for lecturers and books, and for advice concerning the organization of local campaigns against what has been called, very inaptly, the "social evil."

The armistice on November 11, 1918, brought new problems to all workers in the contest against the venereal diseases. It is not clear how much of the experience gained during the war can be made applicable in peace times; but great progress has been made during the last five years toward adequate defense of American communities against the venereal diseases and their hideous consequences.

Through participation in these public and private efforts I arrived at



the clear conviction that the use of alcoholic drinks is closely connected with prostitution and its resultant evils; because alcohol, even if taken only in small quantities, diminishes self-control and causes young men to yield to temptations or enticements which they would ordinarily resist. Commercialized vice invariably allies itself with liquor selling. The process of enlightening public opinion with regard to the effects of alcoholic drinks, like the campaign for personal and community hygiene, is a matter of prolonged popular education. At this moment the majority of the American people, after two generations of discussion and experimentation, have apparently resolved to try prohibitory legislation. They have enacted laws intended to prevent the manufacture, transportation, and sale of all kinds of intoxicating drink, being moved thereto by the belief that the use of alcohol as a beverage causes much crime, disease, waste, and loss of industrial efficiency. All good citizens who have made themselves acquainted with the effects of alcohol on the human nervous system will wish the experiment success. More difficult achievements remain, such as the general improvement of public health and family life, the cultivation of the love of the beautiful in art and nature among all classes of society, and the substitution of wholesome delights and durable satisfactions for degrading and fleeting pleasures. People who think that poor human nature is not equal to perpetual continence, abstinence, and self-denial, and must "have its fling," ask insistently, Is life to be altogether joyless? The fact is that a life of honor, purity, moderation, and self-control, whether in man or woman, is far happier or more truly joyful than any other, and is likely to be in the long run more cheerful and gayer, as well as more effective in sober ways.

I am fully persuaded that effectual suppression of both alcoholism and prostitution is essential to the maintenance of an effective population in the United States, and that the American democracy, which is more chivalrous toward women than any other people, is likely to bring that reform about, since it is at once idealistic and highly practical.

PRESIDENT EMERITUS DAVID STARR JORDAN, STANFORD UNIVERSITY

My connection with the social hygiene movement, such as it is, has been a natural result of my studies and of my work as a university president. I received the degree of M. D. in 1875, with no intention of going into medical practice, but with a view toward better teaching of biology. I have been much interested in all problems of sanitation as

well as of genetics and eugenics, and I have been further responsible for direct personal influence toward clean living among college students.

An address of mine given first under "White Cross" auspices to soldiers leaving for the Philippines was several times reprinted as a booklet: "The Strength of Being Clean." Later, as the time came for speaking out more plainly, I gave a number of talks to students and to clubs on phases of social hygiene, also asking competent physicians to speak before our students on these topics.

I was asked to be the president of the American Vigilance Association, which developed into the American Social Hygiene Association. But my time was too much occupied for me often to attend committee meetings, and the title of president became honorary or nominal.

I see no final solution of the problem save in moral and scientific education, but legal prohibition goes a long way. It lessens actual temptation and the fact that the whole traffic is outside of law and opposed to it has in itself a large educative value. I have been totally opposed to all forms of licensed toleration, segregated districts and the like.

In Japan, I wrote in 1911 an article for a Tokyo journal in opposition to the rebuilding of the "Yoshiwara," destroyed by fire. I there gave what assistance I could to my friend and student, the late Hyogo Omori, of the Yurin En (friendly settlement), in his vigorous fight against licensed vice.

But I have done no "field work" in this campaign. My interest has been that of a man of science placed in a position to influence the lives of some thousands of young men.

#### PRESIDENT WILLIAM T. FOSTER, REED COLLEGE

My early active interest in the social hygiene movement was brought about in a manner, I dare say, not unlike that of other men and women. I was born in Boston and lived there until I graduated from Harvard College. In my home, my church, my schools, and my college, I had educational advantages about equal, on the whole, to those of other boys and girls. Yet not once, up to the time of graduation from college, were the problems of social hygiene brought to my attention by any competent persons or agencies interested in my welfare. Meantime, I had been misinformed and misdirected by the advertising columns of the press, by pamphlets of fake doctors distributed on the streets and sent through the mails, by billboards, by theatres and by associates in church and school. I began to see that all the agencies that

made money by spreading the venereal diseases were protected in their foul business by "the conspiracy of silence" respecting matters of sex. It was clear that nothing but a wise campaign of public education could put them out of business. The ignorance of their victims was their only opportunity. A blessed state of innocence was uncommon. Most boys and girls got their education in matters of sex by fair means or foul—oftener foul than fair.

When I went to the city of Portland, Oregon, I found there a people comparatively open-minded, alert, adventurous, unhampered by tradition, accustomed to considering new proposals on their merits and accustomed to succeeding in whatever they undertook. This last frontier seemed a favorable place for pioneer work in social hygiene. So it proved to be. The first executive committee, which gravely considered whether it could raise \$500 for education in matters of sex, had no difficulty a few years later in obtaining \$30,000 from the state legislature. Every kind of opposition that at first seemed formidable was really weak-kneed. "Sex specialists" who at first threatened to sue us ended by packing up their fake medicines and leaving the state. The local newspapers, at first wary of our cause, abolished their objectionable advertising and then became our powerful and unhampered aids. Journals that carried objectionable advertising in other states published special editions for Oregon. People whose houses had been rented for immoral purposes renounced the business rather than obey the new law by putting their names over the doors. Certain members of the medical profession, with whose business we were interfering, strove to abolish our Advisory Department and to prevent further appropriations; but they soon found it safer to avoid open opposition to a work that was daily gaining new friends because of demonstrated results.

Then came the war. And when the army, in reporting the examinations of the first million men, declared Oregon to have the lowest proportion of venereal diseases, the people of the state, though recognizing this as only a partial report and public education as only one factor in the result, nevertheless believed that their early and generous support of education in social hygiene had been strikingly justified.

PROFESSOR M. A. BIGELOW, COLUMBIA UNIVERSITY

I came to take an active part in the pioneer days of the social hygiene movement on account of the personal appeal of the late Dr. Prince A. Morrow. In my graduate school days at Chicago and Har-

ward I had given special attention to embryology, and in my teaching of that subject I had found that students were always interested in various physiological and social problems of sex connected with the function of reproduction. This interest in the biological facts underlying sex instruction was brought to Dr. Morrow's attention by some one of my scientific friends, and by a short paper I had written, and Dr. Morrow invited me to assist him to a limited extent in certain ways in which biology had a bearing on the movement which was being started. Dr. Morrow himself felt very strongly that biological facts were necessary for teaching young people, and we had many interesting conferences regarding the selection of those facts. He was especially interested in the amount of attention given to animal and plant life history, which in those years was being woven into high school and college courses of biology. It appears, then, that I was drawn into the social hygiene movement, which in those days we called sex hygiene, because I happened to be a biologist with a human interest in the problems which we have later organized under the name of social hygiene. The biological foundation must always be the point of departure for any truly scientific consideration of the psychological or ethical phases of sex.

In those pioneer days I was not very much interested in the campaign against the social evil directly because it seemed to me then as now that the direct attack on that problem must be a legal one, and that the indirect one depends upon education of the younger generation. Therefore, I was personally interested only in the indirect attack through education. In fact, to this day my own personal interest in all social hygiene problems is in the line of education. I am perfectly willing to leave the direct and immediate attack to physicians, sanitarians, and lawyers, who are prepared to deal with the more obvious symptoms of our social disharmonies. For my part I have nothing to contribute in these lines, and so I have kept my interest in the problems of educating coming generations of young people, with the hope of leading them to avoid many of the difficulties and to improve many of the opportunities which are the natural outcome of the sexual sphere of human life. As a biologist I am still where I started on the proposition that a certain amount of knowledge of biological facts concerning animals, plants, and human beings is the most satisfactory starting-point from which to approach the social and hygienic problems around which most social hygiene is necessarily centered.

## DR. DONALD R. HOOKER, BALTIMORE

During the winter of 1905 Mrs. Hooker and I were in Berlin, incidentally studying the question of illegitimacy. Owing to the rigidity of the marriage laws and the fact that betrothal was often regarded as equivalent to marriage, illegitimacy was widespread. The Germans were much concerned because of the high death-rate among illegitimate children and had evolved a law according to which the mother had only to declare the paternity of her child before a magistrate. The man thus accused was called upon to admit the fact or to prove that he was not the father. The procedure was so safeguarded that blackmail did not enter as a factor and we became assured that the method was superior to our own. However, the paternal obligation was slight and many girls did not take advantage of it.

That winter Schaudinn announced the spirochetal origin of syphilis, and a remarkable series of articles and letters appeared in the German medical journals. The official regulation of prostitution was on the wane, and Neisser and others were busy with educational propaganda through the *Deutsche Gesellschaft für Bekämpfung der Geschlechtskrankheiten*, which published two admirable journals. We became especially well acquainted with Dr. Blaschko, who was active in this organization. An interesting side-light is thrown on the Teutonic point of view by Blaschko's outspoken ridicule of the article by Dr. E. L. Keyes, Sr., on "The Sexual Necessity," which had just reached Germany. It was utopian and utterly foolish as a part of the propaganda against disease! Male continence was unthinkable!

We heard a paper, followed by a lively discussion, on the advisability of legalizing abortion. This in the city hall of Berlin! About this time we found an American news notice of the Society for Sanitary and Moral Prophylaxis and thus became acquainted with Dr. Prince A. Morrow, the founder of that organization.

On our return to America we started what we called the Guild of St. George, a home for girls with illegitimate children. This was case-work, and a few years' experience developed the conviction that constructive educational work was of infinitely greater significance.

In the meantime, agitation for a social hygiene society was bearing fruit. The Maryland State Medical Society was persuaded to ask Dr. Morrow to read a paper at the annual meeting in 1907. Dr. Morrow, who was reading papers all over the country at much labor and expense, promptly refused without the assurance that a local society would be organized. With some hesitancy the assurance was given

and Dr. Morrow spoke, horrifying his audience. Had Dr. Morrow not correctly sized up the situation, the distress which his paper caused would have halted the work. As it was, his condition was fulfilled and a committee on sanitary and moral prophylaxis was appointed by the State Medical Society. I had the honor of being chairman of this committee and we promptly set about a statistical study of the prevalence of venereal disease in Baltimore. In 1908 the report was presented, and no one spoke against the need of educational work. Horror and doubt of the accuracy of our figures prevailed, but they were conservative compared with those now used by the United States Public Health Service. Out of these efforts the Maryland Society for Social Hygiene came into existence, and Dr. Morrow again spoke at the organization meeting in 1908.

In accordance with the precepts of Dr. Morrow, the work of the Society has been conducted along moral as well as sanitary lines, for it was realized from the outset that social hygiene concerns things spiritual even above things physical. Protection from disease, purchased at the price of a double standard, offers no solution of this social evil because the insidious inroads through the double standard will undermine civilized sex ideals and leave a Nietzschean race. Herein lies the danger of coöperation on the part of health and other administrative authorities before the fundamental ideals have been thoroughly inculcated. Officials, by the very nature of their calling, are forced to render an immediate account. Instance the extralegal power vested in the police in recent months for the repression of prostitution. Just to both men and women in the letter, it admittedly cannot be enforced in the case of men. Instance the attempted provision of prophylaxis for men while denying it to women.

The solution visualized by Dr. Morrow and by those who sought to help him was the single standard. In a copartnership offense, corrective measures must apply equally. It avails little to prosecute the female offender unless the business is made equally unprofitable to her partner. Ages have hunted the scarlet woman and she is still with us. She is still with us because, outlawed and pursued, she is bred and multiplied by a demand which the state takes no steps to check. In effect, the state outlaws the prostitute, while the male citizens bribe her to exist and, for economic reasons, the bribe is more potent than the law. Let us try what it will do to penalize the giver of bribes; make it a penalty to reward a woman for the use of her body and honestly set about the enforcement of such a law. Disease lies ever

present in the commercialized prostitute. Let us make her even less attractive by punishing him who would buy her. This will do more to repress the trade than hounding; it will rebuke the man who buys such pleasure and be a sign to those who are to come that the state will not countenance prostitution.

DR. O. EDWARD JANNEY, BALTIMORE

My attention was first called to the dangers of "social vice" when I was about fifteen years of age, through a lecture by a Mr. Mills. This gentleman was giving a series of lectures on mesmerism in the village wherein was situated the boarding school which I attended. The facts and advice then given were never forgotten, but were the seeds that developed into lifelong action.

Aaron M. Powell was the next person who called my attention in a definite way to this subject. Mr. Powell, as a young man, had felt it right to give up his course in college in order to enter the lecture field in opposition to slavery. Some years after the Civil War, there came to New York two members of the English Parliament, Henry Stansfeld and Henry J. Wilson, whose mission was to interest the people of this country in the struggle then being carried on in Europe to abolish state regulation of social vice, then a prevalent system on the Continent—a system which, indeed, has prevailed there up to the time of the Great War. Mr. Powell became interested in the message of Stansfeld and Wilson. Stirred by the terrible iniquities and cruelties of the prevalent system, and finding many of its features fixed in the customs of this country, Mr. Powell and his friends organized the American Purity Alliance which kept up its educational and legislative efforts until, with other associations, it was merged into the American Social Hygiene Association.

In 1895, under the auspices of the American Purity Alliance, the first Purity Congress was held in Baltimore. Many interesting persons took part in this Congress. Among these was Julia Ward Howe, who had come from Boston especially to attend. She was a venerable figure then, although she lived until a few years ago. Her contribution was to stand on the platform or "gallery" of the Friends' Meeting-house, where the Congress was held, and in a clear voice recite the Battle Hymn of the Republic. Frances E. Willard also made a brief address. It happened that the annual meeting of the Woman's Christian Temperance Union was held in Baltimore just after the Purity Congress. It is quite possible that Miss Willard's interest in purity

reform was stimulated by this event, for from this time forward she gave special attention to this reform, visiting many cities and lecturing to mixed audiences. In this difficult field her chaste and tactful language, together with her noble character, went far to disarm the criticism which met the early workers in this reform.

One afternoon in September, 1906, the writer and two others, James Bronson Reynolds and Miss Grace H. Dodge, met by appointment at the home of the latter in New York and organized the American Vigilance Association, the object of which was the destruction of the white slave traffic. It is rare indeed for any one to see a reform movement begun and completed, but the organized traffic in women, a fixed system in 1906, was completely destroyed by 1916; and it is now so much a thing of the past that it is hard to make men believe that such an evil ever existed in our land.

DR. WILLIAM FREEMAN SNOW, NEW YORK

As a college man, I, like many others, knew very little about diseases and ill health and less about the methods by which communicable diseases are transmitted. I was too busy with athletics and other student activities, in addition to my university work, to give any thought to these matters. It was not until I was in my senior year in medical school that I came directly in contact with syphilitic and gonorrheal infections through taking clinical histories and making diagnoses. Later, as a clinical assistant, I became interested in the social aspects of these diseases. I recall two cases in particular which stand out in my memory as strongly influencing me in a desire to combat these diseases.

The first was a boy, perhaps nineteen years of age, who was a teamster living with the family of his sister in a poor quarter of the city. There were several children in this family and the boy shared his room and bed with two young nephews. His history showed that he had been infected through going down to the old Barbary Coast with one or two others "to see the sights." He had not intended to visit a bawdy-house and it was not clear just how he came to enter one, but the record indicated that he had drunk some liquor in the course of the evening.

As an assistant in the clinic, I gave this boy explicit instructions concerning the conditions under which he should live during the infectious stage of his disease. I dismissed this case and turned my attention to other patients in the clinic. The tragedy, however, of this



case, the appeal which the boy made for effective treatment, and the bitter complaint which he voiced about not having been given any information about syphilis and the danger of infection impressed me. This led me to think over the advice I had just given him, and I came to the conclusion that all my instructions about his having his own dishes and towels and sleeping in a bed by himself were not likely to be carried out without raising serious questions in the mind of the sister, whom he was very anxious to avoid telling about his infection. I decided to go to see the boy in his home, and found on my arrival that he had manfully told his sister what his disease was and what the doctor had told him to do. She had accepted the situation and had done her best to arrange for these conditions for the prevention of the possible infection of the children of the family. I found, however, that I had not mentioned harmonicas in the list of things which might spread disease, and at the moment I entered the room the boy was saying to a child who was passing him playing a harmonica, "Come here, kid, let me show you how to play that."

At the time I did not realize this case had made such a profound impression on me, but I have since realized that my interest in applying social service follow-up methods to venereal disease clinics dates back very largely to this personal experience in following an office case to his home.

The other case which I mention came to my attention when, as a young physician, I was the assistant of a noted oculist to whom the case had been referred. The patient was a young man from the mining district of northern California. He had been happily married for ten years and had three children, the oldest boy being eight or nine years of age. He had visited San Francisco in accordance with a long-cherished hope. While in that city, he had gone with other miners to the red-light district, believing at the time, as many men have believed, that it was necessary for his health to visit such a district when he was away from home. He returned home with a gonorrheal infection. His case was not properly treated and in using a common roller towel at the back of the cabin where the family lived, he not only infected his own eyes, but those of the oldest boy. When the "company doctor" first saw him, the sight of one of his eyes was gone and the other was in grave jeopardy. The eyesight of the boy was also endangered. The physician decided to send the cases to a specialist in San Francisco, and the wife, taking the other two children, went along to guide them to the dispensary. I shall never forget the picture they presented. The man had by this time lost the sight of both eyes, and

the ophthalmic surgeon was making a fight for the sight of the boy. The wife had come with the two children for her afternoon visit and was sitting near the bedside. The man was sitting up endeavoring to tell a tale of adventure to the boy in order to keep him from being restless. One can fill out for himself the details of this tragedy. Here again, I did not realize at the time that the case was making a deep impression upon me. In fact, I accepted at the moment the situation as being one which probably could not be remedied. But in subsequent years, the question as to whether it was all necessary recurred to me repeatedly and as I now look back, it seems to me to have been largely responsible for my interest in the educational phase of combating venereal diseases and later of the wider phases of social hygiene. I talked with many fellow physicians about the possibility of doing something in the field of prevention of venereal diseases and suppose I was gaining from year to year a clearer idea that they could be successfully combated.

I think the next incident which influenced me was an interview with Dr. Frances M. Greene, a woman physician who had attended the Brussels Conferences on the Treatment and Prevention of Venereal Disease, held in 1902 and 1904. Dr. Greene was a Californian who returned to the United States after a prolonged residence in Europe, determined to enlist the interest of other physicians and the women of this country in the prevention of the needless tragedies due to venereal diseases. I arranged for her to present a paper before the California State Medical Society in 1907. Many of us were so impressed with her statements that we agreed to form the California Society for the Study and Prevention of Syphilis and Gonorrhea. The meetings of the executive committee of this society and the conferences which were held enlisted my keen interest in the possibilities of attacking these diseases, providing we could develop a practical program and secure the backing of the representative citizens of the country. I became a member of the executive committee of the American Federation for Sex Hygiene and later, when I was given leave of absence from Stanford University to reorganize the State Health Department of California, I devoted considerable of my time to launching an official campaign of that Board against these diseases. I think this experience added to my experience as chairman of the Health Committee of the University, are the principal factors which led to my determination to do what I could for a few years in promoting the nation-wide social hygiene movement.

When President Eliot joined with the members of the executive committees of the American Vigilance Association and the American Federation for Sex Hygiene in a request that I give all of my time for a period to the organizing of this national work, I again accepted leave of absence from the University in order to undertake it.

JAMES BRONSON REYNOLDS, NEW YORK

My determined purpose to fight commercialized vice came through a series of shocks which roused me to serious consideration of the problem. In London in 1885, just out of Yale, I witnessed the demonstrations following exposures by William T. Stead of the traffic in girls in that city. His "Maiden Tribute to Modern Babylon," as will be recalled, startled and appalled England. Popular resentment was further inflamed by the miscarriage of justice which let the actual malefactors go free, but because he had brought the iniquities to light, sent Stead himself to prison on a technicality. Indignation over this injustice became so hot that a sluggish and unwilling Parliament was compelled to enact the drastic legislation demanded, while platforms rang with condemnation of the pusillanimous public authorities.

Years later I was asked by Bishop Potter to a preliminary reading of his great philippic to the mayor of New York against debauching the poor through the monstrous traffic in vice then officially tolerated in the city. The document breathed the fire and eloquence of Savonarola, and was a moral revelation and the beginning of a moral revolution.

But before this trumpet-call there came to me an awakening through a "contact shock." While I was head worker of the University Settlement, New York, a workman told me an experience which had stirred all the manliness in him. He was a shrewd man, one not easily excited. As a gas inspector he had recently entered a house of prostitution in the block next to that in which I lived and by chance had got into conversation with some of the girls in the absence of the madam. They told him that a few months before, a Pennsylvania farmer's daughter, flaxenhaired and with a sunny smile that attracted them all, had been enticed to New York by means of an advertisement for a nurse girl. She was brought to this house and after a couple of days of "treats and junketings" with the madam was told the life for which she was destined. On her knees she pleaded for release but in vain. She was locked in an inner room and made the victim of the first comer who would pay the price for her innocence. Close confinement con-

tinued until her spirit was broken. She remained three months in the den of shame until sent to a hospital to die from venereal disease. That such a hideous tragedy had occurred almost within call was a shock that struck home, and my personal duty to take part in the fight was made clear and irresistible.

Within the year a chance for aggressive action came through the invasion of our respectable tenement house neighborhood by the infamous "red light." With Robert Paddock, now Episcopal bishop of Eastern Oregon, and others, I joined in insistent protest to the police, and at the request of the district attorney became the complaining witness in a test case against a prominent police official.

Before the police case was closed I had become secretary to the mayor of New York. Information soon came to me that employment agencies licensed by the city, especially those dealing with immigrants, were sending girls to houses of prostitution, receiving for the job many times the price paid for placing a girl in reputable positions. To be sure of my facts before calling in the police and having no public funds at command, I laid my information before the late Grace H. Dodge. With quick generosity she agreed to meet the expense of the inquiry. My investigator found the managers of sixty-seven out of three hundred agencies in New York willing to "deliver the goods," the only condition sometimes imposed being that the girls should be taken out of the city "so that there would be no come-back." I then sought police aid. Arrests followed and the first convictions in New York City of employment agents for this offense. In this inquiry I learned the ease with which an interstate traffic in vice could be carried on because of defects in state laws, the hampering territorial limitations of municipal police jurisdiction and the need of standard state laws and of national legislation. The importance of these national laws, later passed, was fully appreciated by the then Attorney General, Mr. Wickersham, who told me that during their first year on the statute books he had spent more money to establish high standards for their thorough enforcement than for the application of any other national law except the Sherman Act.

My various actual experiences and deeper study of the problem gradually forced me to abandon the generally accepted belief of the nineteenth century, that some form of toleration and segregation with medical supervision was on the whole the best means by which this ineradicable evil could be restrained and reduced. Furthermore, I saw that in this field must be applied the same exact scientific method that

had been found essential for the understanding and handling of other economic and social problems.

While in the office of the district attorney of New York County, I was assigned for six months as special counsel to the so-called White Slave Grand Jury, of which Mr. John D. Rockefeller, Jr., was foreman. The investigations, resulting in twenty-six convictions, brought out in appalling clarity the ruthless commercialism and sinister solidarity of the underworld of vice.

Another experience brought me into direct touch with the demands of the international problem. In 1906, under President Roosevelt, I was at work on certain matters of social reform, when Dr. O. Edward Janney, chairman of the National Vigilance Committee, of which I was a member, came to Washington to promote the ratification of the International White Slave Treaty, already approved by the Senate, but pigeonholed thereafter. On his request I secured an audience with the President, who gave us immediate authorization to ask the Secretary of State to act in the matter. Prompt ratification followed, and our country thus joined the league of nations to suppress the international commerce in women.

All my varied experiences have taught how extensively the vice traffic interpenetrates other social and economic relations, and my conviction has deepened that commercialized prostitution is essentially a form of slavery, whether economic, physical, mental, or moral—a slavery against which every nation whose citizens believe in justice and righteousness must wage relentless war.

Faith that commercialized vice as a trade may be practically wiped out has grown with the success that has attended less than two decades of strong organized effort in this country. Education of public sentiment, constant pressure on public officials, steady promotion of clear-cut legislation, and faith, eternal faith, will secure progressive victory. That victory may not mean the extinction of immorality nor the ending of prostitution, but it will mean the end of red-light districts, tolerated vice, police protection of houses of prostitution, alliance of public officials with protected vice, and the intermunicipal and international traffic in women. It will mean the curtailment of venereal diseases and a host of ills directly and indirectly consequent thereon, the education of youths and adults as to one of the fundamental facts and forces of life, and the abolishment of the cruel exploitation of weak and defenseless girls and women in order to maintain a traffic no longer regarded as a "necessary evil," but as an intolerable iniquity.

## SENATOR GEORGE E. CHAMBERLAIN, OREGON

During the years 1884 to 1886 and from 1900 to 1902, I served as district attorney in Oregon, and came in contact and intimate touch with the criminal class and the mentally deficient. Later for six years as Governor, I made it a part of my business to visit penal and reformatory institutions as well as those for the care of the feeble-minded and insane. In these official positions I soon learned that "social diseases" were responsible in some instances for crime and in many instances for mental deterioration.

The subject is one which has been looked upon as of such a delicate nature that parents would not discuss it with children nor teachers with pupils, with the result that young boys and girls were maturing without any knowledge upon the subject whatever. One can readily understand therefore that with this knowledge and this experience it was not difficult for me to come to the conclusion that the only way to restrain and to cure these diseases was by the strong arm of the law.

## JOHN J. EAGAN, ATLANTA

It is difficult to realize that not quite ten years ago, with other neighboring property owners of Atlanta, I was called to meet the mayor (elected on a reform platform), the chairman and members of the Board of Police Commissioners and other men prominent in political life, in order that they might urge us to withdraw our opposition to the city's placing its red-light district near business property which we owned.

Since the early history of Atlanta, this district had been accepted and recognized as a necessary part of city life. For more than a generation it was located within a stone's throw of four of the leading churches of Atlanta and almost under the shadow of the state capitol. The building of a viaduct (at one end of which was the Boys' High School, while within a block of the other end was the Girls' High School, causing a stream of boys and girls to pass the principal houses in the district as they went to and from school) led the authorities, after months of agitation, to decide to move the district to a more sequestered spot. The section selected was one of shabby homes, roughly paved and poorly lighted streets, surrounded with manufacturing plants and coal and lumber yards, but in the heart of the city and easy of access.

Property owners objected. Appeals were made to the "reform

mayor." But the final result of the meeting in his office was the withdrawal of opposition of all of the property owners excepting one. This was quickly followed by the consummation of the plans for the removal of the district to this section. The wretched drab houses were torn down and handsome brick structures took their places. The streets glowed with electricity. The name of the principal thoroughfare, once Mechanic Street, became Manhattan Avenue, and with remarkable expedition, a traffic of nearly a million dollars a year, having for its chief commodity the bodies and souls of girls, was in full blast.

The attorney retained by the one remaining objector refused to carry the matter into the courts and gave up the case. The new district seemed permanently established. Real estate speculators and other "harpies" ran up the price of rents in the district until houses for which \$1,000 per annum in a residence section would have been too much, were renting for as high as \$10,000 per annum.

At this time one of the teams of the Men and Religion Forward Movement came to Atlanta. The churches of the city united in an eight-day session which included the consideration of a carefully prepared survey of the city. This survey called particular attention to this district and recommended a campaign for the enforcement of laws regarding prostitution. This was brought to the attention of the ministers of the city, and a resolution was signed by practically every pastor, calling upon the city authorities for the repression of the red-light district. There seemed no disposition, however, on the part of the city administration to change the existing order.

A campaign of publicity was then begun. A large amount of advertising space was contracted for in the daily papers, and weekly bulletins signed by the executive committee of the Men and Religion Forward Movement were issued. These bulletins gave facts to the public. The number of houses and the rentals of these houses as compared with other similar houses were published, together with the approximate number of inmates and the volume of traffic, the trail of disease and the result to the community. Each bulletin appealed for law enforcement. At the same time a place of refuge and support for the women of the district until they could get back to normal life was promised.

The greatest obstacle was the determined opposition of the majority of men and women of large means, opportunity, and assured position in social and political life, and the apathy of the press. Most helpful

in meeting and overcoming this opposition were the reports of the Chicago and Minneapolis Vice Commissions. Hundreds of these were distributed. Facts from their pages were included in the display advertisements. The interest of the public was not allowed to lag. Weekly and sometimes oftener these advertisements, sometimes occupying a whole page, called attention to the "houses in our midst," and every one ended with the statement, "Atlanta should and will close the houses in our midst." Such continued appeals to the intelligence and conscience of public officials and the public, produced results within a period of six months in the shape of an order issued by the chief of police summarily closing the district.

The united effort of the churches of Atlanta thus brought to an end the red-light district. A campaign of advertising costing a little more than \$2000 ended a traffic of nearly a million dollars a year. Educating the public featured so largely in the campaign that no effort has ever been made to re-open this district. It is safe to predict that none will ever be made.

#### VIRGIL H. LOCKWOOD, INDIANAPOLIS

In Indianapolis the Church Federation led in the early fight against commercialized vice, and my entry into that fight was about 1913 when I became chairman of the Social Service Committee of the Federation. This organization had already taken up the matter with the city administration under the able leadership of its president, Mr. Caleb S. Denny, who continued in such leadership until 1918. Dr. M. C. Pearson, after he became executive secretary of the Federation in 1914, contributed very materially to the success of the movement. However, these officers were always aided and encouraged by the membership of the Federation.

From 1896 to 1917, commercialized vice was permitted and sometimes favored by the city administrations. Prostitution became practically legalized. The prostitutes registered their names and locations at the police headquarters, and they were protected and operated practically under the authority of the officers of the law, yet in direct violation of the law.

The first gain made was in 1913 when the mayor was led to abandon the apparent legal protection of vice and the maintenance of segregated districts. This advanced public opinion somewhat but did not reduce vice, for the police did not abandon their friendly attitude toward the vice elements. In 1914 a new mayor at first promised to rid



the city of commercialized vice, but he soon fell under the spell of the petty politicians and deserted the church people for the forces of vice. That step proved fatal to the old-style city politicians.

In the fall of 1914 the people were aroused and elected county and legislative officers in sympathy with good government. A public welfare movement among the churches caused the appointment of a public welfare committee consisting substantially of two people from each ward. This committee selected from the candidates a ticket including the best man for each office, and the church and other people interested in civic reform united on that ticket and elected it. This was the first advance which really counted. The sheriff cleaned up the roadhouses outside of the city, the prosecuting attorney did his duty, and the judges elected were enlightened men.

In 1915 we succeeded in aiding legal procedure against prostitution by securing the passage in the legislature of an injunction and abatement law against prostitution, called in Indiana "the Rule Law." That gave the county courts jurisdiction and also made the owners of the houses liable. The courts and real estate owners responded to the law finely, and this gave the death-blow to the well-known places of vice.

The churches and other forward-looking people again united in selecting county and legislative officers in 1916 and 1918, and in 1917 they united in electing a full city administration in sympathy with law enforcement and the eradication of commercialized vice. At this time all our public officials are doing their duty and practically everything that can be done toward the reduction of this evil. The War Department during the war materially assisted the local authorities and the State Board of Health has joined valiantly in the fight against the social evil in Indiana. Therefore, we can say that Indianapolis today is practically free from commercialized vice, and prostitution is being reduced and brought under the control of the health and other authorities.

Of course behind and underlying all the foregoing was the education of the public as to the evils of commercialized vice and the methods of reducing it. Six years ago the politicians held that commercialized vice and the segregation of the social evil were public needs. Most physicians agreed with them and also a considerable percentage of the church membership. With lectures, literature, and propaganda, there has been a remarkable and unexpected change. Nearly everybody now, including the church-members, public officials, and even physicians, agrees to the new regulations about prostitution, and we have

an ordinance requiring the health officers and physicians to protect the public against persons having venereal diseases.

In Indianapolis this healthy public sentiment is the result of the efforts of the Church Federation, some of the newspapers, the American Social Hygiene Association, the State Board of Health, and particularly the War Department during the war. All agree that the most effective remedy employed by us was the election of good public officials and it does not avail much to have a righteous sentiment about such matters unless the people interested in a clean city unite at each election on a ticket, so as not to scatter their votes. This is the way to obtain not only the negative remedies, but also to provide constructive measures as soon as the public is sufficiently educated to realize their value.

## THE PURPOSE OF SEX EDUCATION<sup>1</sup>

There exists yet a good deal of uncertainty as to what the character of sensible sex education should be. There are those who place paramount emphasis on the nature and the serious consequences of the venereal diseases. These diseases are a very serious menace to society and these facts must be known. But to approach the teaching of sex exclusively from this angle and to leave the subject in the atmosphere of the venereal clinic is most unfortunate. It is depressing and misleading. It tends to leave the impression that the abnormal is the meaning of sex in human life. It fails to inspire.

There are others who lay greater stress on teaching the normal physical facts of sex, namely, the anatomy, biology, physiology, and hygiene of sex. This is a long step in the right direction. It is, however, not enough. We must not only give correct information, but we must furnish adequate motive for self-mastery and right conduct. Correct knowledge is necessary for intelligent action, but it is ideals that create atmosphere and inspire to purpose and action. What is first of all necessary is so to interpret the meaning of sex in life and in society as to bring out its big, positive values in character, in happiness, in power, and in social worth. Love is the great dynamic of life, and love has grown out of sex and is intimately bound up with it. A man's sex life is not merely a matter of the individual. It is a matter of his most significant relationships—friendship, love, parenthood, brotherhood. These are relationships of affection. The character and the atmosphere of a man's sex life determine more than anything else the quality of these relationships. The purpose of sex education must be not merely to avoid evil consequences, but to make the sex instinct contribute its best in the attainment of the richest and fullest life in all human relationships.

<sup>1</sup>From Dr. M. J. Exner, Introduction to Galloway's "Sex and Life."

## BOOK REVIEWS

AMERICAN MARRIAGE LAWS IN THEIR SOCIAL ASPECTS. By Fred S. Hall and Elizabeth W. Brooke. New York: The Russell Sage Foundation, 1919. 132 p.

It is many years since thoughtful American citizens began, in the words of the preface to this volume, "to wonder why so much attention had been given to the defects of our divorce laws and so little to those regulating marriage." The disease has been so interesting, and the widely divergent cures suggested have so tickled the moral funnybone of the Shavian type of ascetic, and equally bruised the moral tissue of the other extreme of the community, that people have never considered even reasonable methods of prevention; and the marriage law, although it governs the most important human contract, is the extreme embodiment of disorder and neglect.

In this situation it is cheering to find that some one has the courage to grasp the bull by the horns and look him in the eye. In addition to the present book, charting the legal aspects of the situation, the Russell Sage Foundation has issued simultaneously a discussion of "Broken Homes" by Joanna C. Colcord and promises further treatments of the subject from still different angles. If the present volumes present a true index to the worth of their successors, they should all receive a hearty reception and prove to be a group of very great interest and value.

The authors of the book under discussion very wisely decided that readers would be more interested in things as they ought to be than in things as they are, and so began with a consideration of the various suggestions for reform. A second section consists of a digest of the laws of the different states, and the third section deals with the "Marriage Laws by States." When the amount of material is considered, and the slight gradations of meaning in the several statutes are summed up, it is remarkable that the authors were able to attain such a semblance of order and such a near approach to interesting and not over-difficult reading. The first chapter impresses one as by far the most interesting at first, but it will no doubt be found that for value in reference and study the account of things as they are will in the end surpass the first portion of the book.

Perhaps most notable and convincing is the argument against the "Federal Statute" and "Uniform Laws" nostrums. "Those who favor a federal law do so chiefly because they believe that only through such a means can at all satisfactory means be applied . . . A federal law is the royal road to their goal." The writers quote from Charles E. Hughes and Woodrow Wilson to show the danger of federal enactment disregarding really important local conditions. Most interesting of all, however, is the conclusion that even if local conditions were similar enough to make federal or uniform laws practicable, there still would at this stage be a great advantage in diversity. "Through diversity in our laws the value or worthlessness of new provisions in the more progressive states is being demonstrated, while people in the other states wait and watch. Uniformity demands that all shall wait until all can agree on the next forward step. Those who see value in diversity are willing enough to agree that the line of progress is toward uniformity, and that this may lead to a federal law later on; but they contend that more rapid progress can be made at present by means of state action, and that each step thus taken can be tested before it is generally adopted."

In accord with this idea of gradual but modified standardization, the chapter on remedies is made up largely of a topical digest of four plans by authoritative writers. We were sorry to note that in this practically nothing was said about the advisability of the various plans for physical inspection or other methods of guaranteeing against the marriage of the venereally diseased. This topic was considered in the other two sections, however. Fourteen states have laws touching this point. In only four of the states is any sort of physician's certificate required and in at least two of these this applies only to the male. The other ten states either merely forbid the marriage of the venereally diseased without taking any method of preventing it, or require the statement of the parties, or often of the male parties alone, that they are not afflicted with venereal disease.

To all those who are engaged in social work, or who endeavor to be well informed regarding forward-looking political action, the work done by Mr. Hall and Miss Brooke will be interesting, instructive, and very valuable for permanent reference. They and the Russell Sage Foundation are to be congratulated upon presenting to the interested public this survey of a field in which far too little constructive work has been done.

O. G. G.

**BROKEN HOMES.** A Study of Family Desertion and its Social Treatment. By Joanna C. Colcord. New York: Russell Sage Foundation, 1919. 208 p.

"It has frequently been said that desertion is the poor man's divorce. . . . One social worker says that desertion, instead of being a poor man's divorce, comes nearer to being a poor man's vacation."

This paragraph is the keynote to Miss Colcord's whole treatment of the subject of desertion, a treatment that considers the man in the case not as a scoundrel to be scolded and imprisoned, but a human being who has motives and reasons, whether right or wrong. If a reader of Miss Colcord's book is looking for a solution of the desertion problem he will be disappointed, for it is inevitable that in a treatment of a subject of this nature the formula that "circumstances alter cases" should be about the most definite possible conclusion. It is not surprising that the whole matter should be boiled down to a few suggestions, a few samples of the treatment given by various social workers, and the advice that each case be treated as a separate problem, as a study in itself.

It is refreshing to find a book on such a subject making no effort to tabulate figures or indulge in statistics and proportions. It is equally refreshing to escape without having urged on one some simple thesis extracted from a subject where in reality any such simplicity is impossible. There are almost as many causes of desertion and methods of curing it as there are men that indulge in this type of "vacation." Miss Colcord has suggested a number of these causes, and has shown that both the nature of these causes and the blame for them are mixed.

Miss Colcord believes that there is at present a tendency toward less of the court and more of the friendly handling of the problem, and for the future a tendency for the courts and the private agencies to work more closely together. She has given an interesting picture of the organizations that already exist, efficient clearing houses between workers in the various cities, which have learned to make use of all the facilities for locating a man that our system of government, of business, and of social life afford, a clearing house which finds great value in the records of labor unions and fraternal organizations, of employment agencies and trades papers, and of the records of draft boards during the war.

The book is recommended to all who are interested in the broader aspects of social hygiene. It is an important contribution to the literature of the subject.

O. G. G.

**PREPARING FOR WOMANHOOD.** By E. B. Lowry, M.D. Chicago: Forbes & Company, 1918. 175 p.

A new book upon an old subject must do one of two things in order to justify its existence: it must either present new material or a new aspect of old material, or it must present the subject in an original way. Neither of these things is done in the latest volume by Dr. E. B. Lowry, *Preparing for Womanhood*.

As one turns over the pages one is impressed with Dr. Lowry's evident kindly attitude toward the young girl and her sincere desire to be of assistance to her, but the fact remains that she does not evidence full understanding of the psychology of the young girl of to-day and, therefore, is not able to give the help that the average girl will accept and use.

The modern adolescent girl is a sophisticated creature and needs not so much to be told what to do and what not to do, as to be given sound, scientific reasons for the right course of action. The mothers of these modern girls are constantly giving them gentle admonitions in the simple form of "don't do this" and "don't do that," and a book containing so much of this sort of counsel as does Dr. Lowry's, seems apt to call forth some expression of impatience from the girl who reads it, and who doubtless feels that it sounds too much like "what mother used to say."

The keynote of modern times is efficiency, and any book which would influence a young woman of the present time must strike that note, both in subject matter and in form of presentation. Gentle advice is good, but wholesome, direct instruction is infinitely better.

R. W. C.

**A TEXT-BOOK OF SEX EDUCATION, FOR PARENTS AND TEACHERS.** By Walter M. Gallichan. London: T. Werner Laurie Ltd., 1919. 216 p.

In this work, Mr. Gallichan has demonstrated that same keenness, so well shown in his last previous book, in picking for his attention one of the subjects of the moment. His title is happy, being both comprehensive and to the point, so that every reason would seem to exist for anticipating in this work a contribution of note to the literature of sex education.

It is all the more to be regretted, therefore, that this work, while showing wide reading and knowledge of the subject, as do all Mr. Gallichan's books, reveals the same tendency manifested in the earlier

works, to accept practically all written contemporaneous discussions as equal in value and authority. The result is that many statements, whose accuracy are at least open to question, and which the typical layman cannot be expected to distinguish, are found scattered throughout the entire book, intermixed with other quotations from authors of unquestioned standing.

Mr. Gallichan's frankness in his criticism of even the most modern teaching in England; the emphasis which he lays on the point that the highest moral value in sex education is entirely compatible and in fact synonymous with the deepest scientific apprehension of this whole subject; his repeated insistence on the need for absolute candor between the parent and the child, all of which points are brought out in his textbook, are most certainly deserving of commendation. The interesting historical sketch appearing at the first of the volume and the chapters of comments and statements from leading persons of standing, besides being readable, will undoubtedly be of interest to the lay reader who has not previously appreciated the importance of the topic. There is, however, a tendency manifest throughout the book to quote and make statements illustrating the subject without drawing conclusions for the reader; to go into great details with the discussion, involving at times even an argument as to which of the many is the true explanation of the particular phenomenon, with seldom a definite summary or recommendation. If the book is read, it will undoubtedly give a conception of the vastness and intricacy, the importance to life, of the questions of sex hygiene and sex education. It is very evident that Mr. Gallichan has gone into the detail he has, because of the widespread lack of physiologic knowledge, which no one recognizes any more clearly than he, and without which, to quote his words, "satisfactory hygienic counsel cannot be given." Assuming, however, that this book was written to teach teachers, including parents (an aim most strongly emphasized by Mr. Gallichan), and that to teach satisfactorily, the teacher must have a clear-cut knowledge of the subject, it is questionable whether the lack of a clearly presented method of instruction does not destroy the value of the great detail into which many chapters go in discussing subject matter.

A rather comprehensive bibliography is included in this book, covering many of the more recent publications of this and allied fields. In view of the author's tendency not to discriminate carefully between writers of unquestioned weight and others, it would seem advisable to weigh carefully the value of many of the books mentioned.



In all fairness it can be said that Mr. Gallichan's book undoubtedly shows the need and suggests means for sex education; that this need is emphasized by many famous authorities; that neither the Protestant nor the Catholic church is in a position to escape blame for its share in allowing the present reprehensible conditions, so far as sex education is concerned, to come about. If this is what a textbook on sex education is supposed to do, the present volume undoubtedly does it well. On the other hand, if a textbook of sex education is not designed so much to show the need, as to answer it, the present volume most decidedly falls short, in that it never reduces its author's seemingly comprehensive plan to a definiteness sufficient to be grasped easily by the reader. A certain looseness in many of the statements made also counts against the volume.

Everything considered, this book will probably not fill the most apparent need in America. The public is fairly alive to the necessity of instructing youth in matters of sex; what is needed is an adequate method of instruction.

R. R.

**SOCIAL WORK; ESSAYS ON THE MEETING-GROUND OF DOCTOR AND SOCIAL WORKER.** By Richard C. Cabot. Boston: Houghton, Mifflin Co., 1919. 188 p.

This latest product of Doctor Cabot's pen, embodying in part at least, material used in lectures given at the Sorbonne, is well and concisely phrased. It is essentially a professional manual with no pretence at omniscience. Aside from the introduction, in which Doctor Cabot very forcibly outlines the need for humanization of social work inasmuch as this is its chief excuse for existing, the book is largely limited to a discussion of certain aspects of social work with emphasis on, and regret for, the previous lack of realization in this country at least, of the importance of the mental aspects of dispensary case work.

The one query which might arise concerning this work is as to its exact function. The various chapters discussing in a very interesting fashion the medical standing, duties and equipment of the social assistant, history taking (with emphasis on the psychologic approach), economic investigation, mental investigation, fatigue, rest, the social worker's best ally ("nature"), social therapeutics, and the motive of social work, undoubtedly illustrate Doctor Cabot's clear vision of the field and the problems of social work. It is open to question, however, just how much of this clear vision is new to the social worker who is "on the job"; and how much good a scientific discussion of what may

be termed the newer technique of social work, will do the man or woman engaged in such work who is not "on the job"—is not "human" in the sense so aptly used by Doctor Cabot in his introduction and again in his last chapter. If humanization of the machinery of social work is the thing desired, is in fact the essential thing, there is at least some reason for questioning whether what is needed is more technique, or more vision and perhaps less technique.

It would seem reasonable to believe, therefore, that the field of usefulness of Doctor Cabot's book is rather limited, since the message it conveys to those who are capable of appreciating it, must in a large part be well known to them, whereas to the others this work simply represents another discussion of a somewhat newer technique without in any vital way affecting the broad aspects of the question, in that it does not offer them a vision of the human problem as a whole or the personal, central part which the social worker should occupy in solving it.

R. R.

**SANE SEX LIFE AND SANE SEX LIVING.** By H. W. Long, M.D. Boston: Gorham Press, 1919. 157 p.

As explained in the foreword, this book is directed to members of the medical profession and is not intended for general circulation, though the author seems to betray that this intention is based not so much on his personal desires, as on legal restrictions against the circulation of books supposed to be detrimental to the public morals, for it is to be assumed that the author agrees with the statement in the foreword written by Dr. W. E. Robie, as follows: "His book, since it delineates the numerous details of a normal sex life, can be sold, thanks to our prudish public, only to the profession. I believe it should go to the larger public as it has gone formerly to his smaller community."

The book is an outgrowth of confidential instructions, given from time to time by the author to husbands and wives and those about to enter matrimony, concerning sex relations. He recommends that the book be placed in the hands of patients in selected cases only, and admits that the guiding hand of an expert physician is necessary to insure its reaching only those who can be benefited by its reading.

The policy of silence regarding matters of sex is vigorously attacked, and a plea is made for the development of a wholesome attitude toward sexual relations, not as something degrading and inherently wrong, but as a physical expression of the spiritual affection between husband and wife.

The descriptions of the anatomy and physiology of the reproductive organs are good, though exception will probably be taken by modern physiologists to the author's belief in the theory that menstruation and ovulation are synchronous. No mention of venereal disease is made, the implication being that readers of this book will not be given to promiscuity. The bulk of the treatise, however, deals in the plainest language and minutest detail with the most intimate sexual relations. The right of parents to pre-determine the number of children is defended, and the author evidently goes as far as he dares in describing how limitation of offspring may be effected.

It is easy to see that the book, unless its circulation is scrupulously safeguarded, might defeat its own purpose and cause great harm by furnishing to immature young men and women salacious suggestions of the most stimulating kind.

H. E. K.

**DELINQUENCY AND SPARE TIME.** By Henry W. Thurston, Cleveland, Ohio. The Survey Committee of the Cleveland Foundation, 1918. 189 p.

This book deals with the question of using, to mental and physical advantage, the many wasted hours of various types of childhood. It is one of the seven sections of the report brought in by the Recreation Survey of Cleveland.

It cites one hundred and twenty-four cases selected as types. The Juvenile Court docket furnished ninety-five, and the other twenty-nine were listed by branch librarians of the city by reason of various trouble-making tendencies.

The author, in some instances, gives better evidence that a stricter regulation of certain agencies which tend to corrupt the childish mind is essential, than proof of the viciousness of the child in question. Two cases are particularly applicable in this connection: a twelve-year-old boy in grade 7-A at school and with "a good record" was classed as a delinquent "for gambling because he helped an adult news distributor form a pool that compelled each newsboy to put in 10 cents on chances." In the second case two sixteen-year-old boys were cited into court "for gambling with a punch-board in a candy store."

It is reasonable to assume that conditions in the various sections of Cleveland do not vary greatly from those encountered in other important communities and that conclusions arrived at can be applied elsewhere. The keynote of these conclusions seems to be well set forth in the following quoted paragraph:

"The relations between delinquency and spare time reduce to two kinds: (a) a relation so close as to amount in many cases to an identity of habitual spare-time activity with delinquency; (b) a contributory relation of spare-time activities to delinquency through knowledge of, opportunity for, and temptations to delinquency."

The book is an instructive addition to the rapidly increasing library of recreational literature, and as an accurate study of actual cases, furnishes data which is of value to social welfare workers in general.

R. H. E.

**THE PERFECT MAN.** By William James Heaps. New York: Neale Publishing Co., 1918. 79 p.

This volume of twenty-one chapters and seventy-nine pages is an innocuous contribution to the great collection of books on personal, and particularly sex, hygiene. It discusses everything that in the opinion of Mr. Heaps goes to make up the perfect man, from swearing to eugenics. It is not conceivable that it can do much either of good or harm in this imperfect world, and one wonders why it was published. It may be that the author enjoyed writing out his reflections on a world from which he apparently lives apart.

W. C.

**SEX AND SEX WORSHIP.** (Phallic Worship.) A scientific treatise on sex, its nature and function, and its influence on art, science, architecture and religion—with special reference to sex worship and symbolism. By O. A. Wall, M.D. St. Louis: C. V. Mosby Co., 1919. 607 p. illus.

With book paper scarce and expensive, the publishers have done a disservice to science in letting 69 ounces of it be used in this book, which would better not have been printed. It is a heterogeneous collection of unscientific or pseudo-scientific material amassed on the basis of a connection with sex which is sometimes remote. The illustrations often have little connection with the text, and are apparently inserted merely because they are more or less erotic.

The scientific study of sex has long suffered because of the dabbling of untrained persons whose interest in it might be clearly explained by a psychologist. Many of them have put the results of their curiosity in writing, and libraries are already sufficiently stocked with books

similar in character to that of Dr. Wall. It is disheartening to find that in the year 1919 it is possible to get still another one into even a limited circulation.

P. P.

ADOLESCENCE. By Stephen Paget. New York: E. P. Dutton & Co., 1919. 46 p.

From the first appearance of Dr. G. Stanley Hall's monumental work to the present moment, many and varied books have been written on the stormy period between childhood and maturity, adolescence. Few, however, have deserved the unqualified approval which should be given to the lecture of Stephen Paget, an English physiologist, which is now published in a small volume entitled "Adolescence." The author shows a deep and sympathetic insight into the mind of youth. Not the least commendable feature of the book is the intimate, charmingly personal style of the author in discussing the emotional and physical revolution of this period of turmoil.

Dr. Paget takes particular pains to point out the error of some writers in overstressing the abnormalities of childhood. ". . . The vast majority of boys and girls are normal," he says.

This book is recommended to teachers and parents, and should be of service to all who are interested in children.

W. C.

## NOTE AND COMMENT

*How the French Deal with Prostitutes.* The French government's theory and practice in regard to the control of prostitution are brought up to date and made public in an interesting and important document dated June 1, 1919, which the Minister of the Interior has sent to all prefects. It is entitled "Circular Regarding the Prophylaxis of Venereal Diseases among Prostitutes, and Regarding the Regulation of Prostitution." The Minister says in a brief introduction:—

The fight against venereal diseases so necessary at a moment when the Nation has need of all its forces, must be continued without relaxation and by all methods.

The circulars of May 31, 1916, and June 5, 1917, particularly the latter, had for their object the organization under satisfactory conditions of the treatment of infected persons.

I must now approach another side of the problem, that of prostitution, which in spite of its humiliating and grievous character, my administration is not able to ignore.

I do not propose here to outline new rules, but merely to make clear in this delicate matter, the right which the public authorities have to intervene, and the conditions in which they ought to do so; to recall the object and the methods of that intervention; because today it too often consists, especially in sanitary matters, of a mere camouflage and gives only illusory protection to public health. Such is the object of this circular.

Prostitution must be considered from two points of view. One interests public health; the other morality, order, and even public security as a result of the relation between many women of evil life, and pimps and criminals.

If by reason of this relationship the sanitary point of view cannot be considered in an entirely distinct way, it nevertheless constitutes a definite object. Moreover, it is the protection of public health that gives rise to and principally justifies special measures (inscription and sanitary control) to which the prostitutes are subjected.

But under the influence of indifference and routine, the principle and the object of these procedures have been too often forgotten, and it is found habitually that the measures taken to assure their execution are altogether inadequate, as I shall show later in such detail as may be desired. A reform is, therefore, demanded for which I solicit all your aid, that of the mayors, the physicians, and the police commissioners, in view of the useful result which it is important to achieve.

In Section I the Minister summarizes the laws under which the various officials are authorized to deal with prostitution. It is not

always necessary, he says, to regulate prostitution, but "it must always be remembered that the presence of a garrison makes such regulation necessary."

In Section II it is recommended that the regulation of prostitution be placed in the hands of the bureau of hygiene of each city. In garrison towns the medical department of the army will be called upon to give advice and assistance. The police commissioner is always a party. The frequent delegation of entire responsibility for the regulation of prostitution to the police is, however, reprobated. It is advised that officers charged with the surveillance of prostitutes be chosen for their moral qualities and that preference be given to men with families. The appointment of women agents by the health authorities is recommended and the Minister expresses willingness to assist financially in this.

Section III lays down the principles of inscription of prostitutes. "Every woman engaged in prostitution, i. e., giving herself up to all comers without choice and for money, should be the object of sanitary surveillance." Her name is to be inscribed on a special register maintained by the police.

The decision as to what women should be inscribed is one of the most delicate and at the same time one of the most useful. Unquestionably, it has hitherto been solved in an inadequate and irrational way because its purpose has too often been misunderstood as for the benefit entirely of the police rather than as a sanitary measure. The consequences of this are that women of a certain rank in the profession, whose behavior is relatively correct, are not inscribed and consequently escape sanitary surveillance, although they are equally and even more dangerous than the others, being often younger. In fact, the women who are under surveillance are often few in number and, aside from those in houses of prostitution, are merely the discards of the profession. The entire system should, however, be reorganized along the following lines:

1. To avoid placing any unnecessary restrictions on the liberty of inscribed women.
2. To prevent women who are able to behave themselves to some extent from being classed with those who belong to a lower stratum of prostitution.
3. To carry out more effective sanitary measures.

With these safeguards the Minister believes that more women could be inscribed than are now on the list. He speaks regretfully of the fact that men with a mistaken idea of chivalry will often attempt to vouch for the good reputation of prostitutes and says that more than mere affirmation must be demanded if a man wishes to save a prosti-

tute from inscription by declaring that she is his private mistress. Women who have regular employment but engage in prostitution in addition cannot evade inscription. The Minister points out that the regulations should be applied with as much consideration as possible and that if a woman whose general behavior does not compromise public decency, is willing to submit voluntarily and regularly to "sanitary control," she need not be listed with the police.

Under the law of April 11, 1908, women under eighteen years of age must not be inscribed, but must be made the object of protective measures which the Minister regrets to state are not applied. Nevertheless, he says "these young girls, careless and inexperienced, are much the most dangerous. It is necessary, then, that after having tried to enforce the law and having energetically appealed to their parents, the police commissioners, if they do not succeed in diverting these young girls from engaging in prostitution, should at least induce them to submit voluntarily to sanitary surveillance."

Marriage is no obstacle to inscription, unless it is accompanied by bona fide abandonment of prostitution.

In Section IV the Minister gives an extensive outline of the manner in which prostitution is carried on in France, defining the terms in common use so that they will give rise to no confusion.

The isolated women (*femmes isolées*) are those who have private lodgings of their own, who are listed with the police, and who are subjected to some restrictions of liberty which the Minister thinks should be as few as possible. The mayor, however, has the power to determine in what part of the city they may live, and to impose on them any special restrictions necessary, one of the most important of which is that they be not associated with the retail liquor business. Soliciting in public is forbidden, and the higher courts have held on this point that the mayor may prohibit prostitutes from standing on the sidewalk in the daytime or appearing at all in the street after a given hour, regardless of whether they make any attempt to attract the attention of passersby.

The second class of prostitution listed is that in the parlor houses (*maisons de tolerance*). "Regrettable and saddening as is the existence of these houses, painful as it may be for the municipal governments to deal with them, there is no doubt that of all the forms of prostitution they are the least incompatible with sanitary surveillance and the maintenance of decency, order, and public security," says the Minister. He, therefore, advises that their establishment should not be opposed



in so far as they conform to "local needs." No such houses can be opened or transferred without a personal authorization from the mayor and they cannot be run by a man, but only by a woman. If she has children, they should not be allowed in the house. Houses of prostitution should not be established near public buildings or religious or educational institutions. Their sanitation should be satisfactory to the health authorities, although it is declared that many of them are not. It is recommended that strong drinks be not served in them. Their inmates must not be under 21 years of age. In some cities married women have been forbidden to become inmates of these houses except with the consent of their husbands. The Minister declares that this is not a proper restriction, as the Government has no right to concern itself with such a matter.

The third form of prostitution is the assignation house (*maison de rendez-vous*), found principally in large cities and "whose number is tending to increase to the detriment of houses of prostitution." The Minister views them with great alarm, but thinks that if they exist at all, they must be placed under surveillance in somewhat the same manner as are regular houses of prostitution, i.e., that the building be sanitary, the women sanitary, and that the police regulations be obeyed.

The fourth category corresponds to what is called in the United States a bed-house (*maison de passe*). The only concern of the authorities in this connection is to see that the prostitutes who bring their customers to these houses are registered.

The fifth heading is devoted to rooming houses which are to be treated as are bed-houses.

In the sixth place the Minister considers the various establishments where liquors are sold and which he says "contribute actively to the spread of prostitution and the danger of venereal diseases, either because prostitution is carried on in the establishment itself or because its employes prostitute themselves on the outside." The employment of prostitutes or the toleration of prostitutes in places for the retail sale of liquor is illegal, although too frequent. The Minister recommends that many of them should be closed outright for violation of the law.

The seventh form of prostitution is the segregated district (*quartier réservé*), in which the Minister's only concern seems to be that the sale of liquor be prohibited.

The final category is clandestine prostitution, i.e., that which escapes

administrative surveillance, says the Minister. Clandestine prostitution has developed greatly, and the war has further stimulated its growth. "Aside from moral measures, and everything in our legislation which tends to improve social conditions, it can be opposed in only two ways, (1) increased application of administrative surveillance, and (2) the provision of free and competent medical treatment for persons infected with venereal diseases."

Section V of the circular explains in detail the procedures to be taken for sanitary surveillance, which, it appears, is now far from satisfactory. "This surveillance is at present exercised most generally in such unsatisfactory, often even such deplorable conditions, that far from realizing its sanitary object, it is itself an obstacle to sanitation, because of its uselessness and because of the discredit which it casts upon administrative organizations that have to deal with prostitution." After alluding to "the disgraceful disclosures" which the Inspector General of Administrative Services has made in this field, the Minister outlines the desired procedures for the future. More competent physicians should be secured and more thorough examinations should be given by them. These examinations should include bacteriologic and serologic tests. In all of these points the present practice is declared to leave much to be desired. The physicians should be paid not by the prostitute or madam, but by the municipality. They should not be assisted in their examinations by policemen. Prostitutes should be examined twice a week at the headquarters of the board of health.

In Section VI the Minister outlines the desired treatment for diseased prostitutes. "No less than the preceding," he says, "this question requires great improvement." Arrangements should be made wherever possible with a hospital which will take the patients at a fixed price per day, rather than by the establishment of special detention hospitals for prostitutes alone. The present arrangements in many cities are described as being highly unsatisfactory in every respect. It is suggested that a small amount of manual labor be secured from all prostitutes under treatment.

The Minister of the Interior is prepared to offer financial assistance to hospitals that will provide suitable facilities for the treatment of diseased prostitutes, and the Government will also undertake to defray the expense of their treatment.

Treatment should not be stopped when the patient has become non-infectious, even though she be discharged from the hospital at that time, but it should be continued in some convenient way to such an

extent as to prevent the return of the disease. (The Minister does not say "until cured.")

In Section VII the Minister remarks that the business of prostitution itself should bear part of the expenses of sanitary control and the treatment of diseased prostitutes. "Funds secured from this source must be devoted exclusively to these objects, for it cannot be admitted that funds having so impure an origin can be utilized for the current expenses of a community." In the past this question has been met by having the madams of houses of prostitution pay the physicians who examine their inmates and having them also defray the hospital expenses of diseased inmates. This procedure the Minister says is illogical and injurious to professional dignity, and leads the madams to endeavor to keep their inmates out of the hospital in order to avoid expense. Apparently the method used to this end is ordinarily to dismiss the inmate when she becomes diseased.

As a solution for these difficulties the Minister has asked the Chamber of Deputies to authorize a special taxation on houses of prostitution and assignation in order to furnish funds for the sanitary surveillance of inscribed prostitutes and the medical treatment of diseased prostitutes.

In concluding, the Minister says:—

I desire to insist on a consideration that I deem important. Contrary to what might appear, the present circular has not for its object the perpetuation of the system of regulation, but merely to render rational and efficacious the measures employed today in practically every community where prostitution exists, measures whose application is now totally insufficient.

Logically they must either be maintained and improved or else suppressed. In the present state of affairs suppression cannot be realized, but it can be on the day when, prophylactic measures having been everywhere spread and willingly accepted, they will no longer have to be imposed; on the day when not only diseased prostitutes, but men, will take preventive and curative treatment and will cease to be the disseminators of venereal diseases.

In this way the present instructions, like those of June 5, 1917, organizing hospital services, prepare an evolution whose completion should be hastened by all those who desire the abolition of regulation.

*A Frenchwoman's Impressions.* Impressions of the social hygiene campaign in the United States are given in the last issue of the *Bulletin Abolitionniste* by Mme. G. Avril de Sainte-Croix, who is General Secretary of the French branch of the International Abolitionist Federation. After remarking that those who have long been fighting the regulation of prostitution must naturally take an interest in seeing how their principles work in practice, she says in part:—

Among a people still young and well meaning, but sometimes given to too simple solutions, every question must find an immediate answer. It is sometimes answered in a rather summary manner, especially when it deals with so complex a problem as this.

The danger from venereal diseases had occupied the attention of our American friends even before the war. The work of the Rockefeller Institute, and alongside of this purely scientific work, the publications of the Bureau of Social Hygiene, such as *Prostitution in Europe* by Abraham Flexner, a work remarkable for its sincerity and documentation, as well as for its independent point of view, exist to prove that the moral and social disadvantages of regimentation had not escaped them.

When in 1917 the United States declared war on the Central Empires and their soldiers by millions crossed the ocean to take part in the great combat, one of the principal anxieties of American women concerned the physical and moral influences that this sudden transportation from the New to the Old World would exercise on their husbands and their sons. This anxiety, natural enough if it had remained in reasonable limits, had apparently been largely increased by German propagandists, who first to prevent the declaration of war and later to hinder the campaign of recruiting, had drawn a terrifying picture of the dangers which the youth of free America would incur in countries which they declared to be particularly the prey of syphilis and tuberculosis. This lie,—for it is not true that France, Belgium, and Italy are more severely tainted than other belligerent countries,—was part of the campaign directed against the allies in the United States. The Germans, according to those who saw their activity everywhere, desired to create a panic. Fortunately, they succeeded only in slight degree. One of the results of their campaign was an increase of prophylactic measures and a thorough study of the means necessary to combat prostitution and venereal diseases in the United States. Useful steps were taken around the camps to keep prostitutes away. Recreation halls were opened for the soldiers by the Y. W. C. A. and Y. M. C. A., in which they found comfort and repose, and could receive tranquilly the relatives who came to see them. Moreover, lectures on hygiene were arranged, and—let us say it to the honor of the American military authorities—strong emphasis was laid on the moral side of the question, as Justin Godart had done in France. Finally, to prove that the French army was no more contaminated than others, they instituted in the American ports of debarkation a medical inspection which proved by its statistics the absolute falsity of reports about the inferior sanitation of the French armies compared with the armies from across the sea; and they carried the fight against venereal diseases wherever it was necessary. Each state contributed to this new crusade in its own manner. The federal surveillance of army camps was organized in the United States by Mr. Fosdick and that of the barracks by Colonel Snow. Among the states which obtained the best results must be mentioned Oregon, which, seeing the question in its entirety, not only provided lectures, but published pamphlets and posters to instruct its youth in the dangers of debauchery, a campaign which had excellent results. Taking the problem back to its origin, Oregon was the first state to put sex education in the program of its schools, and

sought to demonstrate everywhere the necessity for a nation that desired to remain strong to defend itself physically and morally against misconduct and its consequences.

The campaign against the peril of venereal diseases had in the United States, since the beginning of the war, become a veritable obsession, which,—not to deny the good results above noted,—has prepared the American mind, hitherto hostile toward reglementation, to accept measures which, if our friends do not take care, will lead them inevitably to reglementation of prostitution by the state. In this domain every compromise is dangerous.

I conclude from the observations which I was able to make during my visit to the United States, that in the large cities of the East, thanks to effective measures of law enforcement, one sees in the streets conditions certainly very superior to those of our great European cities.

*An Appeal to the French.* The League of Moral Education, whose headquarters are at 34, rue de Babylone, Paris, is endeavoring to arouse the nation to the fact that a national spirit is needed in time of peace as in time of war. The president, Mme. Jules Siegfried, has addressed to her countrymen and countrywomen an appeal, of which the principal passages follow:—

The war has not only left grievous material ruins in our soil, unconsolable griefs in our hearts; it has not alone destroyed incalculable values in property and human lives. It has also caused moral ruination whose extent and seriousness can not be measured; it is not an exaggeration to say that the conscience of the nation is in danger. The war has dislocated family life; it has overturned the social order in all its parts; it has relaxed or broken the normal bonds which assure stability and equilibrium; it has abolished the ordinary restraints on the passions. In a word, it has profoundly shaken and dislocated all that external armor of family, economic and political character, which even among the strongest serves as a support for conscience and among the weakest takes the place of conscience. Normal society too often confounds this behavior with true morality. It is today having a sad experience of the necessity and present inadequacy of that direct moral culture which it has too much neglected. A moral restoration is obligatory.

Victory itself may be corrupting by giving, even to those who have made the least effort, the illusion of a well-merited repose; in giving to others the demoralizing idea that they have won all rights by conquest and may permit themselves anything they like.

French patriotism has proved its invincible power against the outside enemy; but there is also a patriotism of peace, in whose name the enemy inside must be defeated; laziness, alcohol, degrading debauchery, childless egoism, unscrupulous mercantilism, disloyalty in business and labor, the ferments of social hatred and class strife.

*The Failure of Reglementation.* That the system of licensing and inspecting prostitutes in France is far from effective, is shown clearly

by a detailed report of Dr. Paul Faivre, Inspector General of Administrative Services in the French Ministry of the Interior. In 35 cities with a total population of 2,700,000, he found only 137 houses of prostitution with a total of 870 inmates. In the same cities there were about 3,000 additional prostitutes who were on the police register, although not living in parlor houses. Dr. Faivre declares after reviewing the data he gathered: "What stands out clearly in every case from these data is that almost everywhere the individual prostitutes recorded are only a very small proportion of those who are engaged in prostitution exclusively and notoriously; that they are in general the unfortunate, ugly, and old ones, whereas the younger, more ardent, more sought after, and consequently the more dangerous escape from sanitary control."

*A Money-saving Plan.* By an expenditure of 20,000,000 francs per year, the French Republic can save at least 500,000,000 francs per year in the opinion of Dr. Leredde, one of the recognized authorities on syphilis, who discusses its cost in a contribution made to the Statistical Society of Paris on November 20, 1918.

Dr. Leredde calculates that syphilis kills at least 40,000 people each year in France in addition to a large number of still-births and miscarriages which cannot easily be counted.

The number of deaths in Germany due to syphilis is at least 60,000 per year, according to investigations made by German physicians before the war.

*Syphilis in Morocco.* The organization of a campaign against syphilis in Morocco is described by Dr. Leredde, one of the leading French experts, in a lecture to the Paris Medical Society. Dr. Leredde, speaking of the amount of infection, says:—

Syphilis is common in Morocco—so common that some physicians think that all the natives are infected. They explain this fact by the customs of the country, the number of prostitutes, the absence of cleanliness and of all treatment, both among men and among women.

Congenital syphilis is naturally abundant and causes an unlimited number of miscarriages and infant deaths.

The natives speak of syphilis as a commonplace disease, about which there is nothing disgraceful. Unfortunately, they know hardly more than the visible forms and are quite ignorant of its real significance.

The study of syphilis in Morocco has hardly been commenced. We cannot judge of the real seriousness of the disease except by indication and supporting ourselves on the ideas recently acquired in Europe. It must be admitted

nowadays that syphilis undoubtedly represents, after tuberculosis, the principal cause of death in all countries. Three-quarters of the diseases of the nervous system are due to it. It is, even more frequently than alcoholism, the determining cause of mental diseases. It is even more than rheumatism the cause of diseases of the heart and arteries. Finally, an unlimited number of complications of the alimentary canal, the liver, the kidney, the lungs, the pancreas, the thyroid gland, have hitherto been excluded from the domain of syphilis and considered local diseases for the reason, which is no longer valid, that their lesions have not a structure identical with that of tertiary lesions of the skin.

This extension of the domain of syphilis, which may not seem plausible to numerous physicians, is justified if one takes into account all the facts, clinical and otherwise, and in particular the frequency of positive Wassermann reactions, which demonstrate the presence and activity of the spirochaete in the body.

Dr. Leredde observes that syphilis of the nervous system is rare among the natives of Morocco, but frequent among Europeans. He then emphasizes the fact that the first object of a campaign against syphilis must be to sterilize those who are diseased,—that is, to make them non-infectious. This can usually be done without difficulty in new cases by a number of treatments of 606. Turning to the organization of the campaign, Dr. Leredde observes that prior to 1916, the Health Department of Morocco, which is administered by the French army, limited itself to providing hospitals for soldiers and dispensaries for prostitutes. In that year he was called to Morocco by General Lyantry, the French Military Commander, and was charged with organizing the defense against syphilis on modern lines. This included the installation of clinics in five of the principal cities and education of the physicians and military medical officers.

After describing the manner of treatment of infected soldiers, the writer goes on to describe the organization of anti-syphilitic clinics whose installation cost only eight or nine hundred dollars each. They are intended only for those who cannot afford to pay for treatment and all other cases are required to go to a physician, a point on which Dr. Leredde lays much emphasis.

A section is also devoted to the provision for treating infected prostitutes, which contains nothing new. Apparently the campaign organized was devoted to curing cases already in existence, and little thought was paid to preventing new infections by preventing exposures. Indeed, it is here that the greatest difference exists between the American plan for combating syphilis and the measures generally in effect in Europe.

*The Unwanted Child.* The problem of the unmarried mother was the principal subject for discussion at the Infant Welfare Conference at the Kingsway Hall in July. *The Vigilance Record* (London) says:—

Lady Nott-Bower, the wife of Sir E. Nott-Bower, formerly chairman of the Board of Inland Revenue, who read a paper on "The Destitute Unmarried Mother," said it was becoming increasingly difficult to make provision for these girl mothers outside the workhouse. The extreme difficulty of obtaining a suitable foster mother was probably responsible for many of the reported cases of deserted children. In many cases the prostitute was the girl mother who had found the problem of supporting her child in any other profession insoluble. But was it not a horrible thing that for any woman the choice should be solely between the streets and the workhouse? One way of meeting the difficulty would be to make it legally possible for any woman to obtain an order against the father of her unborn child to provide for her period of incapacity, and if necessary, for the expenses of her confinement also. It should be made an offence for the man against whom the application had been made to leave the country without making reasonable arrangements for fulfilling his obligations.

The Bishop of Kensington said that if the State's care of the unmarried mother and her child was to be secured, there must be a reconstruction of our habitual thinking on the subject.

Reconstruction must begin on that. The fact that the word "child" could be qualified by the term "illegitimate" had been sufficient reason in the past to reconcile the community to acquiescence in continuing to support existence under conditions which were nothing less than terribly unjust. These conditions, while they remained, were not only destructive to the physical, but to moral health. It was necessary to deal with the cause of illegitimacy. They might call it a mistake; it was a tragic mistake. The tragedy was that any child should possibly be born into the world unwanted by its mother, disowned and deserted by its father, or that the society into which it was born should not grant it immediate and hospitable welcome. Was the mistake to remain uncorrected from one generation to another? Were we to contemplate continuously the existence of the illegitimate child? That was the question.

Mr. Robert Parr, of the National Society for the Prevention of Cruelty to Children, outlined the provisions of the draft bill dealing with the illegitimate child. In the bill it was provided that such children should become wards of the Court, and where the father was known he should be served with a notice to attend the Court and be asked to provide for the support of his child. The child should also be registered in the father's name, and not merely in that of the mother.

*South Africa's Health Ministry.* Creation of a portfolio of Public Health with a cabinet minister in charge is provided for by a bill passed by the last Parliament of the Union of South Africa, and referred to as the Public Health Act, 1919. Chapter four in this Act



makes extensive provision for a campaign against the venereal diseases and contains most of the measures familiar in the United States with the exception of compulsory reporting of cases to health authorities by doctors. An attempt was made to get this provision included, but it was defeated.

The Act, however, provides for compulsory treatment until cured, and requires the physician handling the case to give the patient information about protecting himself and the public. Parents and guardians are made responsible for minor children. Persons infected with any venereal disease in a communicable form are prohibited from accepting a position entailing the care of children, the handling of food or food utensils, and it is also illegal for any one to employ such a person in such an occupation.

Health officers are required to give notice to any person suspected of infection with a venereal disease and not under treatment, that he is required to take treatment. If this notice does not produce the desired result, the health officer is obliged to report it to the magistrate, who will require compliance with the law. This section of the Act was attacked on the ground that it was aimed at prostitutes and showed sex bias, but there is no sex bias in the wording of the measure, and if applied against the patrons of prostitutes as well as against the prostitutes themselves, it should prove as useful as similar measures have in the United States.

Knowingly to infect, or to expose to infection, any other person is made an offense.

Provision is made for treatment of prisoners held on any charge.

One of the most drastic and novel features of the Act is Section 61, which reads: "Where the Minister, on a report by the chief health officer, has reason to believe that venereal disease is prevalent amongst the residents in any premises or locality he may issue an order requiring the examination by a medical practitioner of any person or of persons of any specified class or description residing therein. Any person who refuses to comply with such order or with any lawful instructions given thereunder or who obstructs any medical practitioner or other duly authorized officer in the carrying out of such order shall be guilty of an offence."

Women may, if they desire, be examined by a woman physician. Records pertaining to the enforcement of the chapter are to be kept secret.

Advertisement of nostrums intended for the treatment of venereal

diseases is prohibited. The Minister of Public Health is authorized to give financial and other assistance to local communities in the campaign against venereal diseases and is also given broad, general power to make regulations for the enforcement of the Act.

The Act was passed only after the chapter on venereal diseases had undergone careful scrutiny. It was attacked, among others, by the National Council for Combating Venereal Disease (in South Africa), which objected to any compulsion. The objections offered by Dr. W. E. de Korte, chairman of the Council, do not appear strong to one who has seen similar measures successfully put into effect in the United States. It is likely that if the Act is properly administered public opinion will soon come round to demanding that cases be reported to the health authorities in order that the Ministry may be able intelligently to deal with syphilis and gonorrhea as it must with other dangerous, infectious diseases.

*Germany's Constitution.* While the full text of the constitution of the German Republic had not been received up to the time this issue went to press, cable summaries indicate that an advance stand has been taken by those who drafted the document, in recognition of women.

Men and women shall have basically the same rights and duties. Preferential rights and drawbacks of birth and position are removed, and titles of nobility are considered only part of a person's name.

Under the heading "Community of Life," the constitution declares that marriage constitutes the basis of family life and the salvation of the nation, and it is, therefore, under the special protection of the constitution on the basis of equality of the sexes. It is pointed out that it is the duty of the state to keep pure and healthy the family life and that families with several children have the right to necessary care. Motherhood, it is declared, has a prior claim to the protection of the state. Illegitimate children shall be placed under the same bodily, spiritual and social conditions as legitimate ones, and youth must be protected from moral, spiritual or physical neglect.

*A Danish Pioneer.* Dr. A. Robertson-Proschowsky, of Nice, France, one of the pioneers in the fight against the regulation of prostitution in Europe, has recently been made the object of prosecution by the French Government on the ground that a discussion of sexual matters which he published in a French review was obscene. Dr. Robertson-Proschowsky, who is a native of Denmark, opened a campaign against regulation in Copenhagen in 1883, publishing a small book in which he affirmed from

statistics of his practice that the regulation of prostitution, far from diminishing the amount of venereal diseases, on the contrary serves to spread them. He attacked the "morals police" of Copenhagen whom he charged with brutality and dishonesty. As a result of this, he was prosecuted, but the case was dropped before it came to trial. At the same period, Dr. Robertson-Proschowsky began to advocate medical prophylaxis as a means of controlling the spread of venereal diseases. When his manuscript on this subject was sent to the principal medical journal of Denmark, it was rejected with a note that "after mature reflection and on the advice of colleagues, the editors refuse to publish your manuscript, their motives being the same as those of Niemeyer: the only prophylaxis to recommend against venereal diseases is to avoid every possibility of infection. We do not feel it necessary to add to this advice any recommendations by which lascivious persons, wishing to give themselves with impunity to sexual pursuits, may put themselves out of danger of infection." This attitude is still held by many persons, but Dr. Robertson-Proschowsky remarks that "neither in Denmark nor in any other country does a physician refuse to treat venereal diseases, as he logically ought to if these diseases are to be considered as a punishment." As a result largely of his agitation, however, the regulation of prostitution in Copenhagen was eventually abolished, but the enmity which he had aroused led him to leave Denmark. He lived for some years in California, and has been long settled at Nice, where he devotes himself mainly to horticulture and to writing on sexual questions.

*Control of Venereal Diseases in Finland.* "Finland, like Norway and Denmark, abolished the compulsory regulation of prostitution several years ago," remarks a writer in *The British Medical Journal*. "But while the supervision of prostitutes by the police was abandoned in 1907 by Finland as a whole, Helsingfors and some other Finnish towns adhered to the practice of compulsory sanitary control of prostitutes. The work of the "Sanitätsbüro,"—the institution concerned with the supervision of the prostitute in Helsingfors,—was much disturbed in 1917 by the revolution and strikes, and its functions on three occasions were more or less in abeyance. The incidence of venereal disease during that year,—as shown by the notification of new cases,—varied so much according to whether the operations of the Sanitätsbüro were partially suspended or in full swing, that Dr. O. von Hellens ventured to generalize therefrom as to the effect of regulation of prostitution upon the prevalence of venereal disease. In 1914 the weekly at-

tendances at the Sanitätsbüro were between 150 and 250. Next year they were between 225 and 275, and in 1916 between 200 and 250. This average was maintained early in 1917, but in the middle of March there was a sudden fall. The attendances fell still more in April, the period from the middle of March to the beginning of May being marked by few attendances and admissions to hospital. But the fall in the notifications of gonorrhea in women at this period (which coincided with the first phases of the revolution in Russia) was quickly followed by a considerable rise in the incidence of gonorrhea among men. The same phenomenon occurred in July, when the military strike was taken as a signal for many prostitutes to absent themselves from the Sanitätsbüro. Ulcus molle followed the same curves as gonorrhea; its apparent decline among women was quickly succeeded by its increase among men. The figures for new cases of syphilis did not, however, coincide with those for gonorrhea and ulcus molle, and this, in Dr. von Hellen's opinion, was so because in syphilis the period between infection and diagnosis is more variable and often longer than in the other venereal diseases. His paper was, in effect, a plea for the compulsory medical control of prostitutes, but he admits that this system as practised in Helsingfors is capable of improvement."

*The Status of Abortion.* Attempts to make abortion legal in Bâle, Switzerland, have been defeated by a slight margin of votes in the Great Council, according to the last issue of the Bulletin Abolitionniste. The proposal was made that the law be changed so that abortion would not be punishable if, in the case of legitimate pregnancy, it took place with the consent of both husband and wife, and, in the case of illegitimate pregnancy, that it was done with the consent of the pregnant woman; provided in each case that the woman was not more than three months pregnant, and that the operation was performed by a licensed physician. The amendment was adopted on first reading by 56 votes to 50. According to the Bulletin, "The Swiss press arose almost unanimously against this decision. In some cities public meetings were held to protest against what was designated as authorized assassination. The women's societies of Bâle addressed a petition to the Great Council demanding that the deputies reverse their decision. In short, there were protests in every part of Switzerland except among the socialists. Some advanced moral arguments, others took their stand on principles of law, while still others advanced considerations of a medical nature. It is difficult to decide how much the criticism of

their associates influenced the people of Bâle, but on July 4, the Great Council defeated the amendment on second reading by 61 votes to 54."

*The Swiss Protect Themselves.* To protect itself against infection from demobilized soldiers belonging to the surrounding countries who may come to Switzerland, the republic has adopted stringent measures of quarantine and inspection. Every such soldier is required to undergo a quarantine of five days on arrival in the republic. If at the end of this time no infectious disease has manifested itself, he is released, but a note made on his passport that he is obliged to submit to re-examination two weeks later. This examination is made by an official of the town or locality to which he goes. The regulations are intended principally, it is said, to prevent the spread of venereal diseases.

*Promoting Mental Hygiene.* "How far do the universities fulfil their responsibilities with regard to the mental hygiene of the community?" Dr. C. Macfie Campbell, of Johns Hopkins Hospital, asks in the April issue of *Mental Hygiene*. "It is doubtful whether they have attained a clear recognition of the fact that a man's mind may be richly supplied with a great variety of special information, that he may have attained a high intellectual level, and yet the man's life may be rendered inefficient because it rests upon insecure foundations. An education may enable a man to solve abstruse intellectual problems, and yet leave him so hopelessly unable to cope with a bereavement, an unsuccessful love affair, difficult marriage relations, or even simple instinctive impulses, that he may lose control of the direction of his life and for a period be dominated by factors which have been almost entirely repressed in his conscious life; the disorder may be so marked as to be included under the wide term 'insanity.'" Dr. Campbell continues as follows:—

To rear a superb intellectual structure on such a foundation is surely not an ideal education; it is like building a house on the sand, or, to speak more hygienically, it is like building a superb mansion without paying any attention to the plumbing.

It is striking to see a man of brilliant intellect, who discusses fearlessly the riddle of the universe, unable to face the fact that in his own human nature elements are still active that are derived from the brute, the savage, and the child; even the humility of the theologian may not enable him to see himself in his actual biological composition.

If the university allows the student to face the problems of his life after an education which gives him no thorough insight into his own nature and

its fundamental difficulties, does it at least give the teachers sufficient insight into the subtle structure of the child's mind to enable them to realize the importance of their problems?

It is important that the teacher should free himself from the myth of the golden age of childhood and should realize what the boy thinks and feels, what he longs for, how his daydreams go, what his curiosity is about, what vague feelings and actions are prompted by the first germs of the developing sexual life, what are the conflicts in the mind of the boy, and how he faces them or avoids them.

The teacher should have at his disposal the facts relating to the emotional life of the child. He should learn that the diffuse groping of the infant and child for organic satisfaction is pregnant with forces which are going to make or mar the life of the individual, and give him his individual stamp and determine his social efficiency. In this groping for satisfaction we can trace the origin not only of the instinctive life of the individual with its nutritive and reproductive elements, but also the roots of those higher activities which give human life its special value. In tracing these higher functions to their roots, we do not cease to appreciate the beauty of the flower; we are willing, however, to be practical gardeners. We wish to care for the roots, not because grubbing in the soil has any particular charm, but in order that the plant may grow up hardy and beautiful. When we study the child, we see how the groping for organic satisfaction inherent in all living matter brings the child into the closest contact with the mother. As the child develops, this attachment to the mother may express itself indirectly in a certain moodiness or even direct antagonism to the father. The affection toward the boy's mother is only one element in the boy's nature, but it is strong enough to assert itself in numerous obscure ways, and in the adult man it still exercises its influence and modifies the sexual life at a deep level in ways which escape his own notice. One may simply refer to the well-known fact that one man may remain single through devotion to his mother, while another man may marry a woman who reminds him of his mother. In the tragedy of Sophocles, in which Oedipus marries his mother Jocaste, the tremendous conflict between the childhood attachment and the adult repression furnishes the universal human motive of the play. It must not be thought that these remarks apply only to special or somewhat perverted individuals; the same elements, in various degrees, are present in the life of every one of us and manifest themselves in dreams, in casual reactions, in likes and dislikes, and in purposeful decisions, the meaning of which sometimes escapes us. The knowledge of these facts is of the greatest use in allowing us to understand the peculiar moods of the child, the occurrence of unexplained jealousies and antagonisms and wayward reactions.

Out of the vague groping for organic satisfaction of the infant there develops at an early age the first indications of what is later to be the sexual instinct; during the early period of development the sexual is as yet somewhat diffuse and poorly localized, and there is a tendency of the child to find satisfaction in many directions, which, if persisted in, would mean the development of a definite perversion. In every one, probably, as William

James remarks in his "Textbook of Psychology," there are the germs of such possibilities. The growing individual is like the plant with numerous shoots, each one of which might become the main stem. A healthy withdrawal of energy from the side shoots strengthens the growth of the main stem, and in that direction normal development lies. The teacher should not ignore that these side shoots have been present and that, although they may not be distinctly recognized by the growing individual, they may still have latent life and express themselves in a direct or indirect way. Over-enthusiastic attachment to a comrade or to a teacher may derive its strength from childhood tendencies, which in less fortunate individuals actually develop into adult perversions.

As the boy develops, the groping for somatic satisfaction becomes more clearly specialized, the range of his interests becomes wider, and the thirst for knowledge leads to eager questioning. The universality of the interest of the child in questions like childbirth shows its great importance to the child. In this curiosity we see how the desire for knowledge, which we are accustomed to look upon as a somewhat abstract intellectual tendency, has its roots deep down where the roots of the sex instinct also lie.

It is wise for the teacher to study this problem of the curiosity of the child, to convince himself that it does exist, and come to some conclusion as to what is to be done with it. The teacher can hardly be satisfied with the conventional method of telling the child a silly lie, which seldom deceives the child. The teacher can hardly approve of casting an air of mystery over anything which is sufficiently important to have caused a question in the child's mind. If we must not lie and if we should not be mysterious, the teacher has to consider how he can answer the questions of the child in a way which will help the child's development. All knowledge is gained by enlarging the sphere of existing associations; the teacher may well consider what associations the child has to which an honest answer to his question may be added. The teacher may recognize that without the knowledge of a few simple, biological facts, it will be difficult to give the child any useful information, and it may well be a point for discussion how far a simple knowledge of biology should form an essential part of the instruction of every child. This may be a great benefit to the adolescent when personal difficulties are apt to become intense, for then the information which the young man requires will merely mean the further development of what he already has, and will not consist in a series of propositions which he finds impossible to bring into any coherent relation to the store of Latin, Greek history, English roots, or comic sections, which have represented to him the products of education. In laying due weight on biology the teacher is preparing the boy to understand in its complete setting those higher biological adjustments which are the special province of psychology.

As the boy becomes older, out of the vague groping for somatic satisfaction there develops the haunting solicitation of sexual desire. The influence of cultural environment has already impressed the boy so that these personal difficulties cannot be frankly discussed and digested. Innocent questions and general curiosity as to childbirth and sexual matters in general have elicited either a lie or surprised horror, and the boy has learned that, for

some reason or other, the subject is taboo. The conflict between the various forces is necessarily severe, and in the individual case is sometimes disastrous. What does most harm to the individual is not the occasional self-abuse during the developing period, but the fact that the habit should not be clearly understood, and the fact that the boy endeavors in an evasive and dishonest way to eliminate its painful memory instead of understanding the factors which led to it and dealing with the difficulty in an honest, healthy way. As it causes the boy distress and a feeling of conflict, he atones for it in other ways, and sometimes we see a precocious interest in religion which has no more sound basis than the fear of being honest with himself.

This becomes still more marked in cases of mental disorder, as was the case of a patient addicted to self-abuse who referred to the toilet as the "sanctuary."

Sometimes efforts are made to be frank with boys, but unfortunate methods are adopted; it seems very unwise to try to help a boy in this direction by telling him that self-abuse leads to insanity, or to use similar threats. It would be better, surely, to let the boy know that the special instinct associated with special organs is going to be one of the most important elements in his life, and is one of his highest responsibilities. He should be told that to use his organs merely for a transitory pleasure is to use them for a wrong purpose, and that it will make it probably more difficult for him to live up to his fuller responsibilities when the time comes. He should be encouraged to be careful of himself in order that, when circumstances entitle him to enter into the reproductive life, he shall do so keenly conscious of what such relations mean.

The various minor disorders which crop out when the boy is having difficulty with the sexual instinct are well worth the attention of the teacher. Parents probably have not received the necessary training with regard to this matter. The family physician probably does not have the boy under observation. The teacher has the boy under comparatively long periods of observation, and should be taught to recognize the various indications that the boy is having difficulty with his life.

The teacher may perhaps be delighted with the intense application to study shown by a pupil who is by this very method endeavoring to make up for what he feels are shortcomings in a field which he dare not mention.

Quite apart, however, from the occurrence of any special disorder at this period, the mere habit of repressing difficulties without understanding them, is a bad preparation for the tasks of the adult life, where the individual may have to meet more serious difficulties. The habit of repression which may lead to disaster at 30 or 40 or 50 is largely due to the education before the age of puberty.

*Results of a Community Program.*—The city of Flint, Michigan, has gone ahead on a well thought-out and constructive venereal disease program with the result that already some interesting statistics have been compiled and some tangible progress made.

Dr. William DeKleine, city health officer, reports that more than



600 individuals were treated by the city clinic during the first year. Patients at this clinic were gathered from many sources such as physicians' practice, factories, hospitals, restaurants, etc. In many cases men or women were called in merely under suspicion as being infected. Some of them came voluntarily and the most hopeful sign of the clinic's usefulness is that voluntary patients are rapidly increasing.

The heads of essential industries in Flint became interested in the campaign during the war and have been helpful in "feeding" patients to the clinic. Of the 600 individuals examined more than 200 cases were hospitalized.

Practically all prostitutes examined were found to be infected, approximately 95% having either gonorrhea or syphilis or both.

After the hospitalized cases had been under treatment, the city health authorities undertook to place them in regular employment and do follow-up work so that they do not fall into their old ways of life.

Several of the large factories in Flint refuse to employ men who are infected with a venereal disease. This does not mean, however, that those infected are necessarily discharged if they should develop a venereal disease after having been employed. The men are examined before being put on the pay-roll, and if infected are refused employment until such time as they are cured. If men are found to be infected, they are turned over to the health department, which sees to it that they are given proper treatment; or if they are financially able, are put into the hands of a competent physician.

Dr. DeKleine's comment on this phase of the campaign is interesting:—

I believe that men who are infected with gonorrhea can be treated much more successfully if they keep quiet. We try to recommend to all our patients that they keep quiet in bed if possible, as the disease is of much shorter duration when this is done. If a man is so indigent that he does not even have a meal ticket during the time that he is out of work, I think that it is the city's duty to provide this meal ticket for him just as much as it is their duty to provide food and support to a family that is quarantined with smallpox. We are going to try and follow this plan, and I can tell you better a year from now whether or not I believe it is successful.

I know very well that it is fatal to discharge a man from a factory and to tell him to take care of himself as best he can without providing adequate treatment and means of support. On the other hand, if the city can provide adequate treatment during the interval of their illness, I believe that the men are better off if they do not work.

Dr. DeKleine says that it is impossible to cite accurate statistics

or figures showing the actual good done by the venereal disease campaign, but he also states that he is convinced that there is much less disease in Flint now than existed prior to the campaign.

*Prostitutes in California.* Figures for the entire year 1918, covering women suspected to be carriers of venereal diseases in the state of California, are given by Dr. Ethel M. Watters in the California State Journal of Medicine for August, 1919. She states that 3,066 women were held for examination after arrest by the police, and of these 1,969 or 64% were found to be infected with syphilis or gonorrhea or both.

"Punishment or care for the women alone," says Dr. Watters, "has never and will never solve the problem of eradicating venereal diseases. Moreover, from the standpoint of public health, one of the most significant aspects is the association of prostitution with venereal diseases and the dissemination of the infection outside of the circle of the original offender. The prostitute simply satisfies a demand, and so far as information can be obtained the supply, even now, does not exceed the demand. This means but one thing, that if prostitution and its associated diseases are ever to disappear, education alone will bring this about. The single standard of morals in sex matters, only a few years ago, was laughed at as impossible and even undesirable. The whole world knows differently now. As with most great and lasting things, full understanding is necessary for a change in attitude. An old argument on the part of the prostitute in her own behalf and one which is even now advanced occasionally, has been that the prostitute saves the other woman by a voluntary entrance into a life of vice, simply assuming that illicit sex relations must be taken as a matter of course. Experience with the great body of men enlisted by the Government has rendered this defense a vain one."

Boards of health in all states are, of course, aware of these facts, but in some districts their efforts to control carriers of infection have been impeded by public opinion which had not yet outgrown the double standard and did not understand why men should be molested. This attitude, however, is rapidly becoming obsolete and more and more health officers are able to put into effect the necessary measures to control the spread of infection by both sexes.

*San Francisco's Experience.* The old superstition that prostitutes were merely scattered when their recognized haunts were closed and that the volume of prostitution was not really diminished by law

enforcement, is rapidly becoming a thing of the past, as residents of city after city look around them and see that the enforcement of the laws does effectively repress the volume of prostitution. In the nature of the case it is difficult in any city to offer statistical proof that law enforcement has cut down the amount of business done by prostitutes, but the observation and opinion of those best qualified to judge is practically unanimous on this point.

San Francisco was formerly somewhat notorious for its segregated district known as the Barbary Coast. It had been estimated that only a few years ago ten thousand men a day visited this district. While many of them were sightseers, the great majority undoubtedly visited the district for "business."

Of course prostitution was not confined to the segregated district in San Francisco. It never is confined to a segregated district in any city of size.

Law enforcement in San Francisco practically killed outright the business of the Barbary Coast, which perhaps represented three-fourths of the prostitution of the city in actual amount, although it is estimated that 70% of the prostitutes in the city lived outside the segregated district.

Following the closing of the district came the war, which increased the efficacy of law enforcement in San Francisco and reduced the amount of prostitution to a reasonable minimum, varying from month to month with the extent of the campaign. Lieutenant Goff, who was head of the police morals squad during the war, is quoted as saying that prostitution in San Francisco decreased 75% after the closing of the red light district. This is also the estimate of Edwin E. Grant, acting president of the State Law Enforcement and Protective League. The opinion of James E. Colston, special United States attorney, who prosecuted most of the federal cases involving prostitution during the war, is practically identical, as is shown by the following letter:—

August 11, 1919.

Hon. Edwin E. Grant,  
670 Monadnock Bldg.,  
San Francisco, Calif.  
My dear Mr. Grant:—

I am in receipt of yours of the 30th inst., regarding a request made by the American Social Hygiene Association for certain scientific information regarding commercialized prostitution here in San Francisco within the past two years.

While it is hard to arrive at an approximate figure, owing to the promiscu-

ous manner in which this vice is now practised, I believe that the figures given by you in your letter to me are approximately correct. There is no doubt but that during the past two years and a half the number of houses of ill-fame has been reduced by 90%, although I believe that your figure of 75% is as near correct as to prostitution. And the number of prostitutes has no doubt materially decreased, but owing to vigorous prosecution, those still in the business are certainly not doing the volume of business they did before your bill (the Redlight Abatement Law) went into effect.

Wishing you success, I am

Sincerely yours,

(Signed) JAMES E. COLSTON.

The nature of the law enforcement campaign is attested from another point of view by Dr. Wm. D. Hassler, health officer for San Francisco, who writes on prostitution in its relation to public health in San Francisco in the California State Journal of Medicine for August, 1919. Dr. Hassler says in part:—

During the past year and a half both the Department of Health and the police have been attacked and charged with attempting to enforce not only a freak theory, but a pernicious experiment that would not suppress prostitution, but which would scatter it to the residence districts.

These objections offered no remedy, other than that of establishing the segregated district, etc., etc.

All women, as well as the men who were apprehended with them, who were found suffering from venereal disease, were quarantined and sent to the San Francisco Hospital.

At times when the hospital ward was overcrowded, those suffering with latent syphilis, or chronic lesions, and who could afford private treatment by reputable physicians, were discharged on parole and required to report to the clinic once a week, but if caught a second time they were sent to the county jail for treatment.

Some escaped through technicalities of the law in the early stages of the campaign, but these generally left the city.

From August, 1917, to January, 1919, a period of approximately 16 months, 1580 women and 170 men were examined. 1141 or 72% of the women and 32 or 18% of the men were found infected with either syphilis or gonorrhea or both.

Dr. Hassler concludes that "suppression of prostitution in San Francisco has proved practical and successful, and justifies a continuation of the same law enforcement measures during normal times that were started as a war measure." He gives numerous tables dealing with the prostitutes who came to his attention. Of 100 women who were tested as to mentality, 24 were regarded as definitely feeble-minded, so defective that they required custodial care. One other was

both insane and feeble-minded, and still another epileptic and feeble-minded. The border line group was believed to contain 39 of the prostitutes. There were 25 more who were set down as merely dullards. For this group and the border line, commitment to an industrial farm was recommended. The remaining prostitutes were described as intelligent, capable women with quick, alert minds, but with no moral ideals and with no scruples against a life of vice.

*Sanitary Legislation.* Writing on the Principles of Moral Legislation in the *International Journal of Ethics*, July 1919, Professor A. K. Rogers, of Yale University, concludes that legislative interference with sexual relations between adults is on a doubtful basis. His argument on this point follows, in general, the well-known principles laid down by John Stuart Mill and others.

"While the business side of vice is a matter which the state must necessarily take in charge," he says, "and in connection with which it may readily be allowed a rather free hand, the personal side, in so far as this is still possible when organized purveyance is restricted, may well be left to individual taste, unless it leads to acts which independently come within the restrictive powers of the state."

But Professor Rogers recognizes one definite source of injury in sexual relations "of which it seems possible that more might be made than has commonly been done. As a source of disease, which moreover is certain in the end to fall upon the innocent along with the guilty, it renders itself liable to social interference. The traditional method here of refusing a permit save on the basis of medical examination has the obvious drawback that it gives to a highly doubtful situation a quasi-legal standing; and also by making vice safer it may seem to encourage rather than to check it. It might be more effective, as it certainly could be more easily justified in theory, if instead of aiming directly at health, one were to fall back on the simple legal standard of injury inflicted. To punish severely any person who was shown to have communicated disease, would be in accord with the simplest principles of justice; and it might with sufficient public and medical opinion back of it be capable of being put into effect. Theoretically, its advantage would be that it separates sharply the question of injury from that of vice, while at the same time it frees the state from even apparent complicity in a dubious traffic."

Professor Rogers' suggestion is, of course, not novel. Many American states already have such legislation. South Africa has recently

adopted it, and it is apparently about to be adopted in Great Britain.

From the point of view of the social hygienist, however, it is a wholly inadequate measure. There might be good reason for punishing one who intentionally infects another person with any disease whatsoever, but to single out the venereal diseases in this way is perhaps to perpetuate the unfortunate idea that syphilis and gonorrhea are not diseases, but crimes.

Adequately to control the spread of these diseases, it is necessary that the public look upon them as infectious diseases, just as are typhoid and yellow fever, and to be combated by the same well-tried measures of medical science.

The suggestion which Professor Rogers makes has another unfortunate implication in that it tends to deal with an infection already transmitted instead of taking more frankly the point of view of preventive medicine and trying to remove all sources of possible infection. Altogether too many of the measures that are suggested from time to time for the control of venereal diseases suffer from this same defect of dealing with effects instead of with causes. It is not good science to attempt to control an infectious disease from this point of view. While every effort must be made to deal with individual cases of infection, the primary attention of the sanitarian will be not to cure those already infected, but to prevent any further transmission of the disease. All such measures as those which Professor Rogers advocates, while valuable in their place, are only small parts of the comprehensive and well-rounded program which must be put into effect to prevent the dissemination of venereal diseases.

*New Legislation.* During the legislative sessions of the past winter, the Commissions on Training Camp Activities, the Interdepartmental Social Hygiene Board, and the United States Public Health Service united in advocating uniform legislation dealing with prostitution and the venereal diseases. A bulletin entitled *Standard Forms of Laws* was issued and widely distributed. The results of the legislative campaign are summarized by David Robinson, who was in charge of it during its later phases, in the following memorandum (dated August 8, 1919) to the director of the Law Enforcement Division of the Commission:—

The following is a summary of legislation on the subject of venereal disease control and prostitution enacted in the states mentioned during the 1919 session of the legislatures.

In making reference to laws where applicable, the terminology is the same as used in the standard forms of laws prepared by the Law Enforcement Division of the Commissions on Training Camp Activities. The Vice Repressive Act is the comprehensive bill prepared to cover all phases of prostitution; the Venereal Disease Control Law is one embodying the principles of reporting venereal diseases, authorizing examinations of persons reasonably suspected of being infected, and the other features of the regulations promulgated by the Surgeons General of the Army, Navy and Public Health Service. The Women's Prison Farm Law is one suggested by the Commission. It is designed as a place of rehabilitation physically and mentally for delinquent women. The appropriations mentioned are those required under the Chamberlain-Kahn Bill for the fiscal year ending June 30, 1920.

In some of the states representatives of the Law Enforcement Division of the Commission were stationed to urge enactment of suggested legislation; in other states this work was done by representatives of the Public Health Service. In states where no representatives of the Public Health Service or the Commission were stationed, the law makers were reached by correspondence from Washington. In most instances the field representatives reported only on measures contained in "Standard Forms of Laws."

A complete record of legislation pertaining to our program cannot be procured until the session laws of the various states reach Washington. To date the only 1919 session laws in the Supreme Court Library are for the states of Delaware, Connecticut, West Virginia, Vermont, Utah, South Carolina, Oregon, North Dakota, New Jersey, Kansas, and Minnesota.

The following is a list of the states with legislation enacted:—

Alabama: Injunction and Abatement Act, Ouster Law, Venereal Disease Bar to Marriage, State Board of Control.

Arkansas: Women's Prison Farm.

California: Venereal Disease Control Act, Women's Industrial Farm, Venereal Disease Advertising Act.

Colorado: Venereal Disease Control Act, Women's Detention Home, Act Prohibiting Sales of Venereal Disease Drugs, except on prescription of physician.

Connecticut: Vice Repressive Act, Unlawful to Establish Motion Pictures Relating to Venereal Diseases without Permit from Commissioner of Health. Passed five acts embodying features of Venereal Disease Control Act.

Delaware: Injunction and Abatement Act, Venereal Disease Control Act, Vice Repressive Act.

Florida: Venereal Disease Control Act.

Illinois: Venereal Disease Control Act, Women's Prison Farm.

Iowa: Venereal Disease Control Act.

Maine: Vice Repressive Act.

Michigan: Venereal Disease Bar to Food Handlers, Venereal Disease Control Act, Reorganizing State Board of Health, Sale of Venereal Disease Drugs prohibited without prescription of physician, Requiring Permit to Operate Dance Halls, Soft Drink Emporiums, etc., outside incorporated cities, Prohibiting Venereally Infected Persons Working in Cigar Factories.

Missouri: Reorganization State Board of Health, Under Authority given

to State Board of Health, Uniform Venereal Disease Regulations Adopted by Board.

Montana: Venereal Disease Control Act.

Nebraska: Venereal Disease Control Act.

New Hampshire: Vice Repressive Act, Injunction and Abatement Act, Venereal Disease Quarantine Law.

New Jersey: Directs counties in first class to appropriate \$30,000 for public hospital for contagious diseases other than smallpox.

New Mexico: Creating a State Board of Health.

New York: Venereal Disease Control Act, Vice Repressive Act.

North Carolina: Vice Repressive Act, Injunction and Abatement Act, Venereal Disease Control Act.

North Dakota: Vice Repressive Act, Venereal Disease Control Act.

Ohio: Examination of Food Handlers, Reorganization of State Board of Health, \$650,000 for Feeble-minded Institution, Vice Repressive Act.

Oklahoma: Venereal Disease Control Act, Venereal Disease Advertising Act, Medical Certificate for Marriage Qualification, Act Prohibiting Sales of Venereal Disease Drugs, except on prescription of physician.

Oregon: Venereal Disease Control Act, Act Prohibiting Sales of Venereal Disease Drugs, except on prescription of physician, Act Prohibiting Owners Permitting Quack Venereal Disease Ads to Remain on Their Property.

Pennsylvania: Venereal Disease Advertising Law.

Rhode Island: Vice Repressive Act.

South Carolina: Venereal Disease Control Act.

South Dakota: Venereal Disease Control Act.

Tennessee: Under Authority given to State Board of Health, Uniform Venereal Disease Regulations Adopted by Board.

Utah: Venereal Disease Control Act, Act Prohibiting Venereal Disease Advertising, Act Prohibiting Sales of Venereal Disease Drugs, except on prescription of physician.

Vermont: Amended existing Venereal Disease Control Law, prohibiting marriage of any person who has been infected with venereal disease unless certification of freedom from said disease is given by a physician, Vice Repressive Act.

Washington: Venereal Disease Control Act, Women's Farm and Reformatories, Statutory Rape to Apply to Both Sexes.

West Virginia: Venereal Disease Advertising Law.

Wisconsin: Vice Repressive Act, Venereal Disease Control Act, Act Prohibiting Sales of Venereal Disease Drugs, except on prescription of physician, prohibiting any person having control of any public place from displaying or permitting display of any venereal disease advertising.

Bills providing for the following appropriations for combating venereal disease have been passed in the following states:

Arizona .....	\$4,500.00	
Arkansas .....	34,237.48	
California .....	51,800.00	(V. D. Control)
California .....	150,000.00	(Women's Reformatory)
Colorado .....	17,000.00	(\$35,000 Detention Home)



Connecticut .....	24,000.00	
Delaware .....	2,500.00	(Annually)
Florida .....	12,000.00	(Annually)
Illinois .....	25,000.00	
Indiana .....	29,360.20	
Iowa .....	15,000.00	(Annually)
Kansas .....	105,550.00	(Mis. Appro. Applying to V. D. Control Purposes)
Maine .....	8,000.00	
Massachusetts .....	102,000.00	
Michigan .....	300,000.00	
Minnesota .....	60,000.00	
Montana .....	8,177.48	
Nebraska .....	25,925.50	
New Hampshire .....	9,363.08	
New Jersey .....	27,586.22	
New York .....	100,000.00	
North Carolina .....	23,988.61	(Annually)
North Dakota .....	12,548.48	
Ohio .....	25,000.00	
Oklahoma .....	86,000.00	
Oregon .....	25,000.00	
South Carolina .....	10,000.00	
South Dakota .....	10,000.00	
Texas (Appro. last yr.) .....	45,000.00	
Utah .....	8,000.00	
Vermont .....	3,000.00	(Annually)
Washington .....	25,000.00	(V. D. Control)
Washington .....	150,000.00	(Women's Reformatory)
West Virginia .....	7,000.00	(Annually)
Wisconsin .....	50,000.00	
Wyoming .....	4,000.00	

*Against the Quack.* In an endeavor to eliminate self-styled "specialists" in venereal diseases who advertise in newspapers and magazines, the Pennsylvania legislature at its last session passed an act which reads as follows:—

**AN ACT** prohibiting advertisements relating to the treatment of diseases of the generative organs and prescribing penalties.

**SECTION 1.** Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met, and it is hereby enacted by the authority of the same, That it shall be unlawful for any person, co-partnership, association or corporation to advertise in any manner whatsoever representing such person, co-partnership, association or corporation as being engaged in the business or profession of treating diseases of the generative organs of either sex, and it shall be unlawful for any person, co-partnership, association or corporation operating a printing

establishment to insert such advertisement in any publication issued by such printing establishment.

**SECTION 2.** Any individual or the members or agents of any co-partnership, association or the officers or directors or agents of any corporation violating the provisions of this Act shall be guilty of a misdemeanor, and upon conviction shall be sentenced to pay a fine not exceeding one thousand dollars and to imprisonment for a period not exceeding one year.

Approved the 21st day of July, A. D., 1919.

(Signed) WM. C. SPROUL,  
Governor.

*Deaths from Venereal Diseases.* Analyzing more than 635,000 deaths occurring between 1911 and 1916, Louis I. Dublin and his associates have published a large volume of "*Mortality Statistics of Insured Wage-earners and Their Families*" for the Metropolitan Life Insurance Company.

Syphilis was returned as the chief and determining cause of death in 4,659 cases, but the authors point out that "these figures represent an utterly inadequate measure of its true incidence," due to the reluctance of most physicians to "stigmatize" a family by stating that a member has died of syphilis; and due also to the obsolete classification in the International List of Causes of Death. If this were revised, it would be possible to give syphilis the credit to which it is entitled for "conditions clinically known as due to syphilis, such as locomotor ataxia, general paralysis of the insane, and certain cardiovascular, renal and hepatic affections."

The rates are about twice as high for males as for females, and three or four times as high for negroes as for whites. This of course may be due in part to the fact that a physician feels less delicacy about certifying a negro death as due to syphilis, than he does with a white death.

Only 200 deaths are ascribed to gonococcus infection during the six years, which again, the authors say, indicates that physicians are too reticent in making out their returns. They point out, however, that in the case of both syphilis and gonorrhea, the number of deaths reported accurately each year is steadily rising—which shows, not so much an increase of these diseases, as that people are becoming less afraid of calling them by name.

*Syphilis among Negroes.* There are no satisfactory statistics regarding the prevalence of venereal diseases among Negroes in the United States, but a number of fragmentary studies have been published by

medical men. A summary of these is published in the July issue of the *American Journal of Syphilis* by Dr. Loyd Thompson and Dr. Lyle B. Kingery, as follows:—

There has been a great deal written and spoken in a general way concerning the prevalence of syphilis in the Negro, and there is a practical unanimity of opinion that this disease is far more common in the colored race than in the white. However, there has been done comparatively little work of a scientific character to determine the exact incidence of syphilis in the Negro.

Jones, after an experience of more than six years in a large clinic composed almost entirely of Negroes, believes that he is justified in making the statement that 75 per cent of that class of Negroes who come as patients are syphilitic.

Quillian states that he believes that 60 to 70 per cent of Negroes have syphilis.

Murrell believes that another fifty years will find an unsyphilitic Negro a freak, unless some such procedure as vaccination comes to the relief of the race, and that in the hands of a compelling law.

Fox collected statistics of 2,200 cases of skin disease among Negroes and found 27 per cent were syphilis, while of 32,000 cases of general disease among Negroes 5.82 per cent were lues.

Hazen in a similar study of 2,000 cases of skin disease found 22 per cent syphilis, and of 90,172 cases of general disease 5.37 per cent syphilis.

Baetz states that of 8,226 adult male medical cases in colored canal laborers there were 500 cases of syphilis, or about 6 per cent.

Lynch and his co-workers conclude that from 50 to 60 per cent of the major class of Negroes are infected.

Hindman in a study of syphilis among insane Negroes found 16 per cent of all Negro admissions were syphilitic, while Wender found in 106 insane Negroes 53, or 50 per cent, were syphilitic.

Jamison states that of 1,000 medical cases in the female Negro 166, or 16.6 per cent, were syphilis.

Bayon, dealing with syphilis in the African native tribes and among the native workers on the Rand, found that about 5 per cent of those he calls "raw" or "pagan" natives had clinically recognizable syphilis, while 33 per cent of the semi-civilized, or those who work for white men, are syphilitic.

McNeil, after a Wassermann survey of 672 Negroes, including 200 apparently healthy adults, the remainder being clinic cases, feels that he may draw the conclusions that between 25 and 30 per cent of apparently healthy adult Negroes of Galveston are syphilitic, while the incidence of syphilis among sick Negroes is between 40 and 50 per cent.

*A Campaign Among Negroes.* The report of the Surgeon General, United States Army, for 1918 shows that there are 2.8 cases of venereal disease among Negro soldiers for every one among white soldiers. As there are no definite statistics from other sources, this army record is

taken as an indication of the relative prevalence of venereal diseases in the two races by Dr. Roscoe C. Brown, lecturer for the United States Public Health Service, who writes in the July 18th issue of *Public Health Reports*.

Dr. Brown points out that little had been done before the war to instruct the Negro population in sex matters and to offer adequate and efficient means for the treatment of venereal diseases among them. He says, "The underlying and predisposing causes of this great prevalence of venereal diseases are unwholesome housing and living, the lack of protective working conditions (domestic and industrial), and the serious need of opportunities and equipment for wholesome training, diversion and recreation." He quotes from Lieut.-Col. A. G. Love, Medical Corps, and Major C. B. Davenport, Sanitary Corps, in a paper read before the National Academy of Sciences: "Combining the data of the last ten years, the rate of all venereal diseases for colored troops is a little less than double that for whites. The difference between the races in incidence of venereal diseases is probably due partly to a difference in social pressure, partly to the difference in ability to control a sex instinct."

Dr. Brown then goes on to map out a four-fold program to be applied to Negro communities for the control of the spread of venereal diseases. In general this follows closely the outlines now accepted in white communities.

The United States Public Health Service has been doing special work among Negroes for some time. Dr. C. V. Roman, a Negro physician, gave 71 lectures this spring to a total attendance of 22,579 in various Southern states. He also showed motion pictures, distributed literature and organized communities, and reports that follow-up work and inquiries indicated satisfactory results.

*The Increase of Divorce.* In its third report on divorce covering the decade from 1906 to 1916 the United States Census Bureau shows that there has been a steady increase. In 1870, the American divorce rate was 28 per one hundred thousand of population; in 1880, it was 39; in 1890, it had grown to 53; in 1900, it took a bound to 73 and in 1906 it had reached 84. But now, according to the figures just available, it amounts to 112. The somewhat startling fact is that, in less than fifty years, the divorce rate of the United States has jumped from 28 per one hundred thousand to 112.

Commenting on these figures *World's Work* (July, 1919) remarks:

"Probably most people would regard unfaithfulness, desertion, and drunkenness as furnishing the most valid reasons for the severance of the marriage tie; yet divorces based upon these causes show a diminution for 1916 as compared with 1906. Thus in the latter year unfaithfulness was responsible for 15.3 per cent of all the divorces granted, while in 1916 it caused only 11.5 per cent. There is a similar decrease in the percentage granted for desertion. These offenses are specific, while probably the most flexible of all causes for divorce is 'cruelty,' a term that embraces almost anything from violent and constant attacks upon the person, endangering life, to 'severity' of manners or deportment or treatment involving the 'dignity' of husband or wife. 'Cruelty' is not infrequently a term which simply means that husband and wife do not like each other and would be much happier if they could dissolve an unfortunate partnership. It is, therefore, significant that divorces granted for this offense show an increase—from 24.3 per cent in 1906 to 28.3 in 1916."

The publication of these figures will doubtless stimulate the movement for uniform divorce laws among the states or an amendment to the Federal Constitution, although lawyers and social workers are by no means unanimous in believing that uniformity is necessary or desirable in such matters. At the present time, as is well known, state regulations on divorce range all the way from South Carolina, which does not grant divorces for any cause whatever, and New York, which recognizes only one cause, adultery, to Nevada, which grants them on almost any ground.

*The Forgotten Girl.* That more attention should be given to the education of young women in social hygiene is the conclusion of Mrs. A. W. Karnell, who writes in the *Sunday School Times*. Speaking particularly of the war period, she says:—

Taking it all in all, the young man of America to-day is receiving attention from a physical, moral, and religious standpoint such as he has never received before, and thousands of men are showing the good results.

But what about our girl? What is being done for her? Is she being made equally fit? Or is she suffering from these changed conditions? Surely she is feeling the change in a hundred different ways. She has frequently been called to go into work unfitted for her sex, which exhausts her during the day and makes her eager for diversion at night. Then because her friend, brother, or other male relative is in the army camp, she is permitted to seek her amusement alone, at all hours of the evening, and many times into the night, or what sometimes is even more dangerous, with some chance

acquaintance in uniform, because she has been asked to be nice to the "dear boys in khaki or blue," who have been through a living hell "over there" or spent weary months in the camps here.

Who have taken it upon themselves to warn this dear girl of the dangers which beset her path? Does she know, herself, the truth of life and the wonders of her own sex? Has her body been examined, and are her defects being remedied? Does she receive the kind of physical exercise which will make her body obey her will and spirit? Does she know the dangers of venereal disease and its horrors? Is the home giving her this help? Is the church? Is the Sunday-school? Who should do it? Who can do it? It must be done if the great mass of our girlhood is to be made the finest of womanhood in America's great to-morrow, and if we are to have a race of women with a holy awe for the sacredness of human life and the wonder and beauty of motherhood.

Mrs. Karnell then describes some of the results of her own lectures to girls, which indicated their eagerness to learn the facts of life, and quotes a number of men as being disgusted with the relaxation of convention on the part of young women during the war, concluding:—

The alarming increase in juvenile crime, both abroad and in America, constitutes a great danger, yet the danger to girlhood is equally great, and the help must be swift and sure. The *home* must be awakened to the danger, and helped to undertake the teaching of the truths of life, that the girl shall be safeguarded against the perils of the day. The *church* must speak with the voice of authority of the dangers of the day, both physical and moral, of the responsibility of Christian parenthood, and the beauty and sacredness of motherhood. The *Sunday-school* should provide classes, not only for parents, but for young people as well, especially young girls, where their needs shall be especially considered and brought to them in language which they can understand. The *Home Department* should have classes for the parents of that department. The *Adult Classes* should conduct a monthly meeting for the parents of their department, and the other departments in like manner. The best of the small pamphlets on the market should be selected by a carefully chosen committee, and widely distributed, and all these means used to help solve one of America's most serious problems.

*Army and Navy Changes.* Col. Percy M. Ashburn, M.C., assumed charge, on August 25, of the newly formed Division of Venereal Disease Control in the office of the Surgeon General, U. S. Army. He had recently returned from overseas, where he was executive officer of the Chief Surgeon, American Expeditionary Forces.

The Director of the War Department Commission on Training Camp Activities sends out the following announcement:—

The Law Enforcement Division of the Commission on Training Camp Activities is now designated as the Legal Advisory Division.

All fixed post law enforcement officers have been withdrawn from the field and several of the more experienced are retained on duty in Washington as Legal Advisors.

In accordance with the policy outlined by the Secretary of War, these officers will be available for special duty along law enforcement lines in the field upon the request of Commanding Officers.

Major DeLo E. Mook, San. C., is director of the Legal Advisory Division.

The former Navy Department Commission on Training Camp Activities has been taken into the permanent organization under the name of the Sixth Division. Provision is made for law enforcement work and the other phases of venereal disease control which were carried on with conspicuous success during the war.

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## CONTRIBUTORS TO THIS ISSUE

MRS. MARTHA P. FALCONER, Superintendent of Sleighton Farm, Pennsylvania's reformatory institution for women, has for some months been serving as Director of the Section on Reformatories and Houses of Detention, Law Enforcement Division, Commissions on Training Camp Activities. Mrs Falconer contributes the leading article for this issue.

The impressive statement of the need for industrial homes for women was written by a representative of the Law Enforcement Division of the Commissions on Training Camp Activities, LIEUTENANT ALLISON FRENCH, stationed in California. Before entering the Army, Lieutenant French was secretary of the Travelers' Aid Society of California.

MR. HARRY H. MOORE, author of the article entitled "Four Million Dollars for the Fight against Venereal Diseases," was formerly the secretary of the Oregon Social Hygiene Society and is now Director of Education, Division of Venereal Diseases, United States Public Health Service. Mr. Moore played an important part in securing the passage of the Chamberlain-Kahn Act which his article describes.

Both the educational and the medical prophylaxis of venereal disease are discussed in this issue, the former by a physician, LIEUTENANT H. E. KLEINSCHMIDT of the Navy, and the latter by a social worker, CAPTAIN WALTER CLARKE of the Army. Dr. Kleinschmidt is Director of the Navy Section, Social Hygiene Division, and Captain Clarke is Assistant Director, Social Hygiene Division, Commissions on Training Camp Activities. Both Captain Clarke and Dr. Kleinschmidt are members of the staff of the American Social Hygiene Association.

MISS GERTRUDE SEYMOUR, of the United States Public Health Service, contributes to this issue an article entitled "A Year's Progress in Venereal Disease Control." Articles by Miss Seymour have frequently appeared in SOCIAL HYGIENE and in *The Survey*.

Past volumes of SOCIAL HYGIENE have summarized, year by year, the state legislation dealing with problems in the general field of our interest. A summary of legislation proposed and enacted during 1917 is published in this issue, having been prepared by MR. JOSEPH MAYER of the Hardin School, Dallas, Texas. A large part of the work on this article was done while Mr. Mayer was connected with the Bureau of Social Hygiene.

The interesting story of how the law enforcement program is applied by men in the field was written by LIEUTENANT F. J. OSBORNE, a representative of the Law Enforcement Division, Commissions on Training Camp Activities. Lieutenant Osborne was formerly the executive secretary of the New York Social Hygiene Society.

MRS. JANE DEETER RIPPIN, who contributes the January instalment of "Social Hygiene and the War," is Director of the Section on Women and Girls, Law Enforcement Division, Commissions on Training Camp Activities. Before the war, she was well known in Pennsylvania and among social workers generally as the chief probation officer of the Philadelphia municipal court.

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 FREDERICK H. HITCHCOCK, Business Manager,  
 105 West 40th St., New York City

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## CONTRIBUTORS TO THIS ISSUE

LIEUTENANT COLONEL SEALE HARRIS, M. C., U. S. A., is known as a specialist in gastro-intestinal diseases and was in charge of that division of the Surgeon General's Office at the beginning of the war. Later, while in France with the A. E. F., he edited *War Medicine*, which was published for the medical officers of the army by the Bureau of Medical Publications of the American Red Cross. His home is in Birmingham, Ala., where in normal times he practices medicine and edits the *Southern Medical Journal*.

MAJOR RAYMOND W. PULLMAN was a Washington newspaper correspondent and special writer, when the District of Columbia board of commissioners made the experiment of appointing him as chief of police. Washingtonians consider the experiment a great success, and claim that theirs is now the cleanest capital in the world. Major Pullman has long been a close student of social hygiene, and his address on this topic, delivered at the recent national convention of chiefs of police in New Orleans, is published in this issue.

The author of "The Massachusetts Plan" is MAJOR ALEC N. THOMSON, M. C., U. S. A., now engaged in social hygiene work in France where he was ordered by the Surgeon General. Dr. Thomson was formerly in charge of the genito-urinary clinic at the Brooklyn Hospital, and until he entered the army was Medical Secretary of the American Social Hygiene Association.

JOSEPH MAYER, who writes of "Social Legislation and Vice Control," has been a frequent contributor to SOCIAL HYGIENE. His article gives the results of his recent investigations into the social legislation of the various states.

WALTER M. GALLICHAH, an English investigator and author, has made many contributions of varying worth to the literature of sex psychology. His conclusions are based on extensive reading, and some forty years of research and inquiry. The present article, "Prudery and the Child," deals with a subject which has received, especially of late, not a little of his attention, and on which he has already published material.

PAUL POPENOE, author of the article, "Law Enforcement: A Plan for Organized Action," was formerly the editor of the *Journal of Heredity*, and later, with Professor Roswell Johnson, of the University of Pittsburg, prepared the recently published volume entitled "Applied Eugenics." During the war he was first a Lieutenant in the Sanitary Corps assigned to field work with the Law Enforcement Division of the War Department Commission on Training Camp Activities, and later became Captain in charge of the personnel of the Section on Vice and Liquor Control of that Division. After returning to civilian life, he was appointed General Secretary of the American Social Hygiene Association.

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## CONTRIBUTORS TO THIS ISSUE

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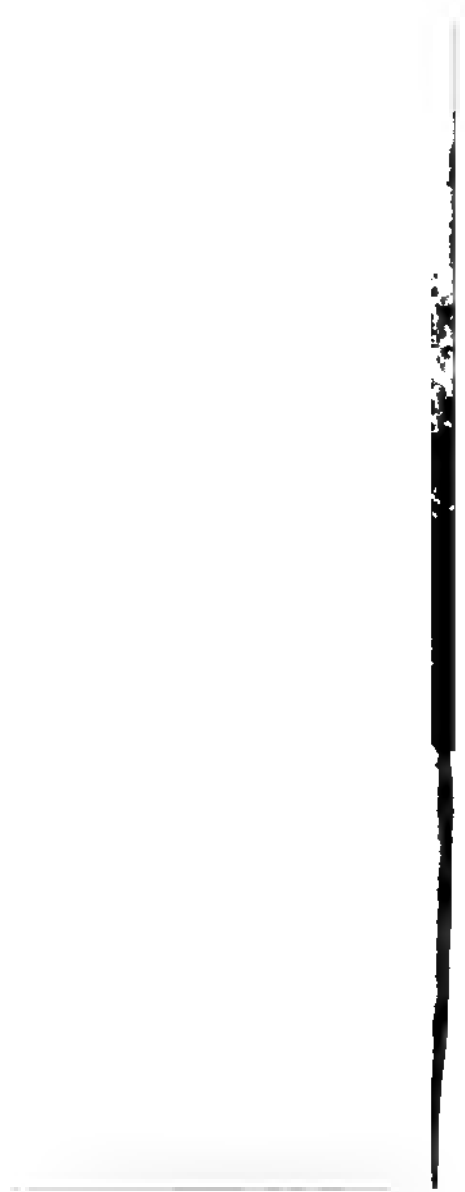
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